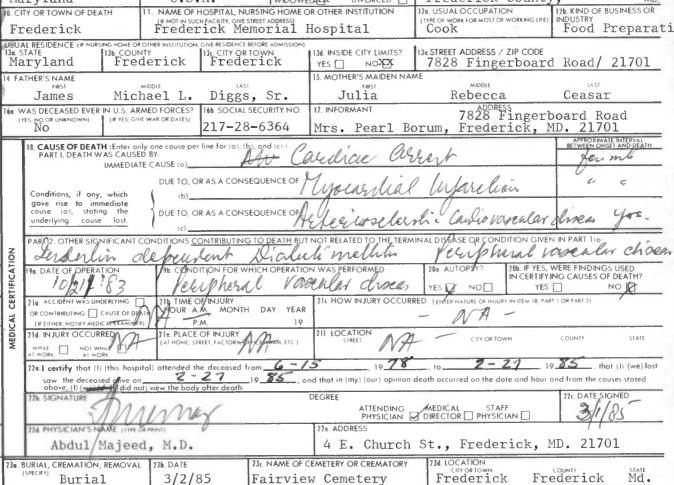
	FOR STATE REGISTRAR			DEPARTN	NENT OF HI	OF MARY ALTH AND CATE OF	MENTAL HYG		S REG. NO.	0 5	2 0	8
ı	1. DECEASED NAME	FIRST	A	MIDDLE	LA	ST		2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	_
1	(TIPE OR PRINT)	Julia	Virg	inia	Ambu	ısh		Febr	uary 27,	, 1985	11:40a	W
-	3 SEX		4 RACE		5. DATE O		WE LD	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS		
ı	Femal	e	Negr	0	May	16,	1923		61 YRS			
	16. BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER	MARRIED []	9. BALTIMORE	CITY OR COUN	TY OF DEATH		
8	Maryland		U.S.	Α.	WIDOWE		DIVORCED [Freder	ick Cour	nty,	JM	D.
	10 CITY OR TOWN O	F DEATH		HOSPITAL, NURSIN				120. USUAL OC	CUPATION R MOST OF WORKING		OF BUSINESS OR	3
7	Frederick		Freder	ick Memo:	rial F	lospit	al	Cook	K WOST OF WORKING	Food	l Prepara	at
	USUAL RESIDENCE (** 13a. STATE Maryland	113b. COU		GIVE RESIDENCE BEFORE 136. CITY OR TOW Frederic	N I	13d INSIDE	CITY LIMITS?	13e STREET ADD 7828 F			1/ 21701	
	14. FATHER'S NAME					15. MOTHE	R'S MAIDEN NA		NDDLE		AST	_
	James	Mic	hael L.	Diggs,	Sr.	Ju	lia		ecca	Ceas		
1	160 WAS DECEASED			166 SOCIAL SECU	RITY NO.	17. INFORA	MANT	78	28 Finge	erhoard	Road	_
1	I YES, NO OR UNKNOW	(IF YES, G	VE WAR OR DATES)	217-28-6	364	Mrs.	Pearl Bo	orum, Fr	ederick	, MD. 21	701	
	18 CAUSE OF I PART I. DEA	TH WAS CAUS	nly one couse per ED BY: (TE CAUSE (0)	line for (o), (b), on	+ Ca	Vedic	ne ar	irect		BETWEET	NIMATE INTERVAL NONSET AND DEATH	_
	Conditions, if gove rise to	ony, which		r as a conseque	NCE OF	lyoc	ardial	lufar	elian			_



Fairview Cemetery

1621 Opossumtown Pike

G. Douglas Stauffer, Frederick, MD. 21701

REGISTRAR 256. REGISTRAR'S SIGNATURE de 82

1985

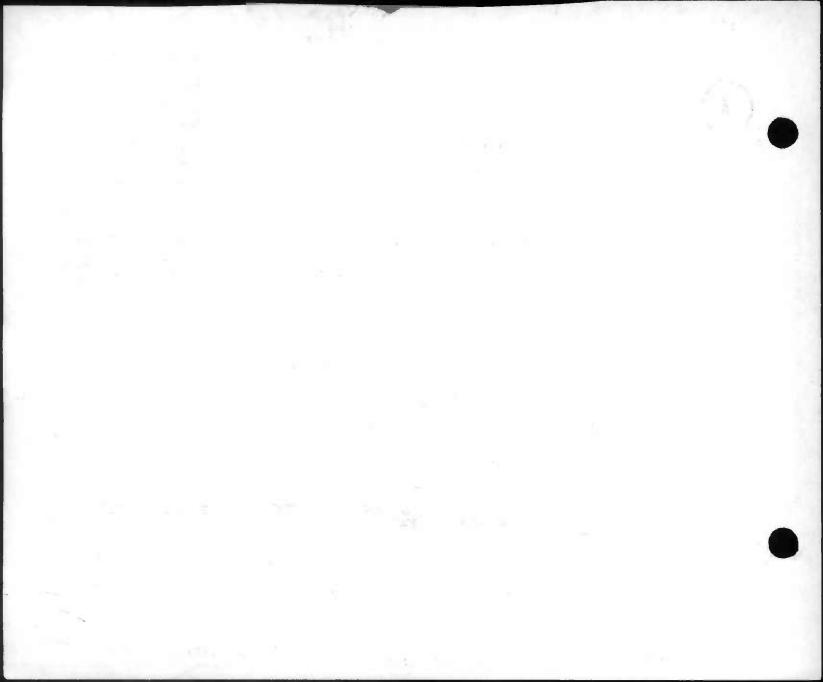
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Burial

24. FUNERAL DIRECTOR



the funeral director, page 3

STATE OF MARYLAND

1-	STATE REGISTRAR			DEPARTN		ICATE OF	DEATH	GIENE	REG. N	10.			
	CEASED NAME	FIRST HOM		AVID A	RNOI	LAST D	P	Peb.		1985	OAY	YEAR	2631909U P. M
3 SEX	Male		4 RACE White	•	5. DATE O		1895	6 AGE (IN	YEARS LAST BI	RTHDAY YRS.	MONTHS	DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI		MARRIED DIVORCED	9 BALTIM		or count		ATH	MD.
	urkittsv:			HOSPITAL, NURSIN			STITUTION		OCCUPAT ORK FOR MOST CT	FION OF WORKING	12h.	USTRY	owner
USUA 136. S	AL RESIDENCE (# NURS TATE Md •	ING HOME OR		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN UTKITUS		13d. INSIDE	CITY LIMITS?	6232	ADDRESS Pi Ci	ZIP COL	Food	s R	d.21718
I4 FA	THER'S NAME FIRST GEORGE	7	MIDDLE	ARNOI	D		R'S MAIDEN NA	ME	MIDDLE		AUS	HE	MAN
	VAS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	220-34-		M. I	Vaomi 1	Arnol	d Bu				
	18 CAUSE OF DEATH W PART I. DEATH W Canditians, if any, gave rise to imm	AS CAUSE IMMEDIAT which nediote	Ď BY; E CAUSE (a)	Ine for (a), (b), one METASTAT R AS A CONSEQUE CAPCIA	NCE OF	prosm	TE C.	mcen			8	6	MATERITERVAL PINSET AND DEATH PRS
NO	cause (a), stotin underlying cause PART 2 OTHER SIGN	last.	(c)	R AS A CONSEQUE		NOT RELATI	ED TO THE TERM	AIN AL DISEA	SE OR COM	NDITION G	IVEN IN F	PART I	
CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?	IN CERT			OF DEATH?
	216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF MEDICAL CON	AUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCUR	RED (ENTER N	IATURE OF INJU	URY IN ITEM 18	PARTIOR	PART 2)	
MEDICAL	21d. INJURY OCCURR	ILE 🗍	21e. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC]	211 LOCAT			CITY OR TO	own	COL	JNTY	STATE
	22a.1 certify that (1) saw the decease above (1) (ive) (a	-82%		101	35,0	nd that in (m	y)(our) opinion	deoth occurr	ed an the c	date and ho	ur and fr	am the	that (1) (we) ast causes stated
	226. SIGNATURE	1	Ugavi			M. D		MEDICAL DIRECTO	STA		220	DATE	26/85
	22d. PHYSICIAN'S NA		PRINTI	R		22e ADDR	ROUNT	LICK					

BP.

etoined by the hospital or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave corbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item, 18 shaws ony injury, ar other traumotic ex

74 FUNERAL DIRECTOR
Thompson Funeral Home DHMH - 16 50M 4/B3 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFIC BUrial

236. DATE

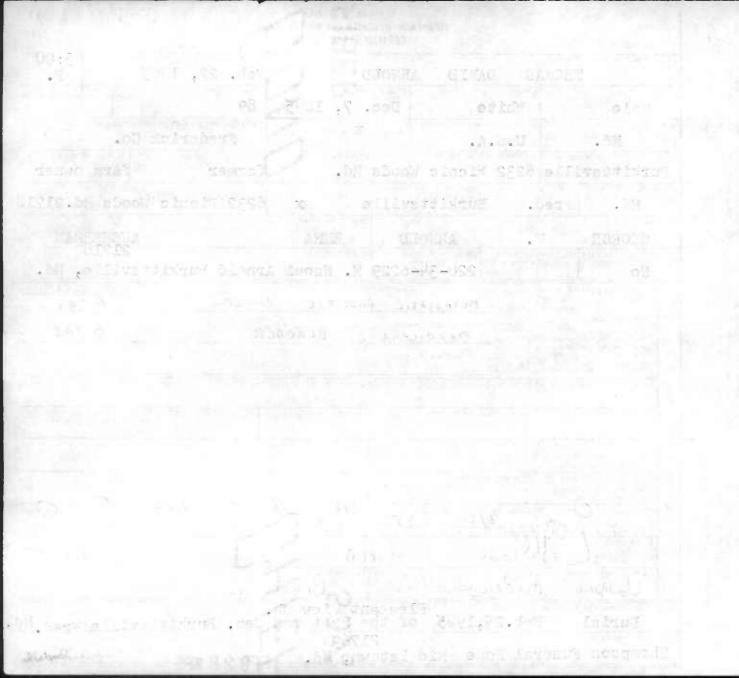
Feb. 25, 1985

ren dem. Burkittsville Fred Md.

Too date rec'd. By registrar 25b. registrar's signature

P. C. Kristen-Rando

Place senter Wiewarch.
of the Brethren
21769
Middletown, Md.



certificate be executed

requires that the death

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL OR ATTENDING PHYSICIAN. The etoined by the hospital or attending physician.

STATE OF MARYLAND	8	10	8	5	2	1	0
ENT OF HEALTH AND MENTAL HYGIENE	-						

DEPARTM

1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0.		
	CEASED NAME FIRST	WIDDLE	l.	AST	20 DATE OF DEATH			25 HOUR
NI TAN	Pauli	ne S.	BLUM	ENAUER	Februar	у 9,	1985	8. M
SE	X	4. RACE	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Female	White	Mar	ch 26,1897	87	YRS	ONTHS DAYS	HOURS MIN
	irthplace (state or foreign country) Maryland	U.S.A.	MARRIE	D NEVER MARRIED D	Frederi			MD.
	Trederick		AL, NURSING HOME C IV, GIVE STREET ADDRESS) 1 NURSING	Home	12a USUAL OCCUPATION OF SEAMS TO	ON F WORKING LIFE)	126 KIND O	f BUSINESS OR hing uf actur-
130.	1002	VTY 13c C	sidence before admission) ITY OR TOWN rederick	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗍	6 Colleg	ZIP CODE e Ave	ing	701
14. F	ATHER'S NAME PIRST Daniel		nearer	Annie	WE		Fall	k
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166. So 21	7-12-140	MARMANL. Ed Ave., Fred	ward Brum erick, Ma	enaue rylan	r, 6 d 217	College Ol
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line fo ED BY: TE CAUSE (o)	P Mun	~~~			BETWEEN C	MATE INTERVAL DNSFT AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	HOUR A.M. A	RY MONTH DAY YEAR	21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	YES		NO []
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE FARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
i.	220 I certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no		19 or	nd that in (my) (our) apinion	death accurred on the de	ote and hour	-0-	that (1) (we) lost causes stated
	226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE) Dr. Rex R		ten	ATTENDING PHYSICIAN [270. ADDRESS 220 North	MEDICAL STA	IAN 🗌	ederi	
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY ivet Cemete	23d LOCATION			
24 F	Smith Reeney 06 E. Church	Basford, St. Fred	P.A. Fune erick, Md	ra Home to DAY	e rec'd. By registrar 4 1985 Julia	25h BEGISTR	AR'S SIGNAT	

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and compilers filter in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 through by filter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examiner must be not the property.

(VRA 15, 4)

BP.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

t	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
T	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
П	ELLA	NORA	Bowins	2/11 Feb	10 85 4 17 M
A	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	Negro	Nov. 27, 1887	97 YRS	MONTHS BATS HOURS MIN.
7.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	Maryland	U.S.A.	WIDOWED TO DIVORCED	Frederick Co	ounty, MD.
/	IL CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
1	Frederick	Frederick Mer	morial Hospital	Housewife	Home
1	SUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		
76	A CONTRACTOR OF THE PARTY OF TH		Rocksyes NOX	13e STREET ADDRESS / ZIP COD	er Creek Pike
_	E FATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	
T	William	Whaler	n Jane	Parker	Swann
11	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	TIALLIA DO LA PIECO DILINATA	ADDRESS	
1	(IF YES, GIV	VE WAR OR DATES) 216-30-	-3782 Eva Weedoi	1630 Ballenger	Creek Pike
Ħ	_			ily rounce of no	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		nly ane cause per line far (a), (b), ar ED BY.	chrovara av Acci	leut	48 h 04W
П	IMMEDIA				
1	Canditians, if any, which	DUE TO, OR AS A CONSEQU	HYPOTENSION, L	DENY ONATION	
J.	gave rise ta immediate	(b)		2011000111	
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	ANNAL DISEASE OF CONDITION OF	VENT INT DARY 1/2
1		Renal Fails	0 1 1	evine Cancer	VEN IN PART III
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
1	9	Total Control		1 1	IFYING CAUSES OF DEATH?
d i	21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
	OR CONTRIBUTION CALLES OF DE		DAY YEAR		
	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
		(AT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
1		ital) attended the deceased fram_	Feb 9 10 8	to Feb 10	19 ff that (D (we) last
Н		FC6 G 19 19 view the bady after death.	CI	death accurred on the date and have	, mai (we) lasi
1	abave (1) (we) (did) (did n)	t view the bady after death.	DEGREE		224. DATE SIGNED
1		0 4 - 40	ATTENDING	MEDICAL STAFF	7-10-85
+	22d. PHYSICIAN'S NAME (TYPE O	00.000.71	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	02 10 00
Т	1 1 /		660 NINT	n AUE BRUNI	WICK, MD.
+		NLAUD			
12	30. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE MD
-	Burial	2/13/85 Pt	t. of Rocks Cem		cks, Frederick,
	4 FUNERAL DIRECTOR	1621 Oposs	umtown Pike I -	TE REC'D. BY REGISTRAR 256 REGIS	V 1-
G	Douglas Stau:	ffer, Frederic	ck,MD. 21701 F	EB 1 3 1985 Fuller	Davidson-Randall

DHMH - 16 60M 7/B4 (VRA 15, 4)

CREANT, IF IN

Condenses of Acceler

STA	TE OF	MARY	LAND

EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. 1	١٥.			
QC BHIGHT	20. DATE OF DEATH	нтиом	DAY	YEAR 85	

1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME FIRST (TYPE OR PRINT) MARY	Adres	Bright GHT	20. DATE OF DEATH MONTH D	YEAR YEAR	HOUR 14
SEX	4 RACE	5. DATE OF BIRTH			IF UNDER 24 HRS
Female	Caucasian	April 9, 1905	79 YRS.	ONIHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virgina	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED NOVORCED	P BALTIMORE CITY OR COUNTY (Frederick,	OF DEATH	MD
Frederick	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Frederick Memor	G HOME OR OTHER INSTITUTION ADDRESS) ial Hospital	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! Homemaker	INDUSTRY	BUSINESS OR
INTIAL DECIDENICE OF NURSENIC HOUSE	POTMED INICIATIVE ON DECIDENCE DELOGE	ADMISSION .	*		03554

Ė	Frederick	Freder	ick Memorial H	<i>lospital</i>	Homemaker	None
)	USUAL RESIDENCE (IF NURS 130 STATE Maruland	ING HOME OR OTHER INSTITUTION 13b. COUNTY Frederick	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 1 Jamsville	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 11289 Woodhaver.	Dr. Md 21754 Dr. Tjamsvill
1	14. FATHER'S NAME Andrew	MIDDLE	Harris	15 MOTHER'S MAIDEN NA Nettie		feries
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? JIF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 232-03-9552 D	Mrs. Mary Sa	andy 11289 Woodha	
	Conditions, if ony, gave rise to imm	which (b)	CARPIONE.	TAS CULAR	ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGN	VIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	V IN PART Ita

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED

			YES NO	YES [NO [
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	CENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
22a L contifer that (1) (this haspital)	attended the deserved from	10 10 0	10 02 -	8 10 85	that (I) funt

saw the decoased alive an about the body after death , and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated

22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

PHYSICIAN X

22e ADDRESS 22d. PHYSICIAN ST AME ITYPE OR PRINT)

HIGHUR J.M.	ANTED, M	D. GREEN	recty. MONT	11:4, ND. Q1770
30 BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY		COMMITY STATE
Removal-Burial	2-11-1985	Shinnston Cemetery	Shinnston,	Harrison, W. Virginia

Removal-Burial 2-11-1985 Shinnston Cemetery (VRA 15, 4)

1201 Mass Market Street FEB 14 1865 Frederick, Md. 21701

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

should be detached with the State Dept.

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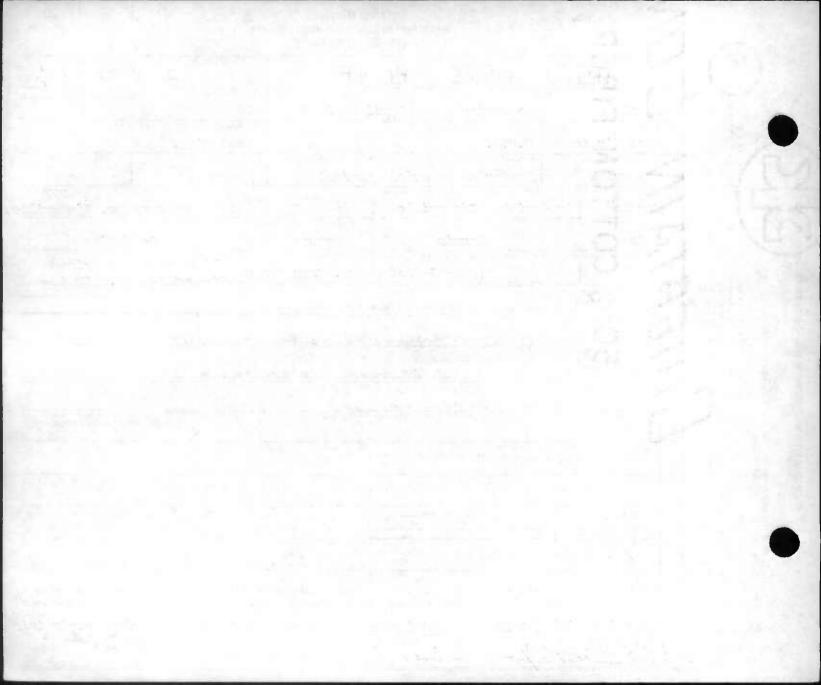
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orked or the

MPORTANT: If hem 21 is

CERTIFICATION

MEDICAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

- STA	ATE GISTRAR			VEI ARTI	CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEAS	SED NAME	FIRST Lillia		M		JXTON	20 DATE OF DEATH Feb.	23,	1985	26 HOUR 10:24A
3. SEX	nale	4.1	White		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	PLACE (STATE OR F	OREIGN 7b.		what country?	MARRIEI WIDOWE	DE DIVORCED	9 BALTIMORE CITY OF Frede		Y OF DEATH	MD
	derick	тн 11.	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewif	ON DE WORKING		F BUSINESS OR
USUAL RE 130. STATE Mary]	E	ng home or oth 13b. COUNTY Freder		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Mt.Airy		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 13036 Pe	nn Sl	nop Rd.	21771
14. FATHEI	R'S NAME FIRST UNKN O	D WN	DLE	Gue		15. MOTHER'S MAIDEN NA.	ME MIDDLE UNKNOWN		tas	
	DECEASED EVER	(IF YES, GIVE W	AR OR DATES)	16h SOCIAL SECUI 214-74-4		George D. L	ayton, It	em 13	3	
18 (PART I. DEATH W.	(Enter only on AS CAUSED B	Υ.	line for (o), (b), one CAR		ARREST			BETWEEN	IMATE INTERVAL ONSET AND DEATH
go	enditions, if ony, overrise to imm use (o), stoting derlying couse	ediote g the	(b)	RAS A CONSEQUE	5866	ROTIC HYPE		HEAR 15 EA		
						NOT RELATED TO THE TERM				
	DATE OF OPERAT					N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YI	ES, WERE FINDIN	NGS USED
00.4	ACCIDENT WAS UND	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART (OR PART 2)	
	INJURY OCCURR		21e PLACE			ZII. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

F MEADORS, JR

22e ADDRESS TOLL HOUSE AUG

Feb.23, 1985 FREDERICK, MD 2124

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Feb. 26, 1985 23c. NAME OF CEMETERY OR CREMATORY Providence

DEGREE

Kemptown,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

opinion death occurred on the date and hour and from the causes stated

24 FUNERAL DIRECTOR

Ofin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to burial,

MPORTANT: If Hem 21 is morked or

O HOSPITAL OR ATTENDING PHYSICIAN: The low

00. 23, 1365 10:24*	Moderate	• · · · · · · · · · · · · · · · · · · ·	
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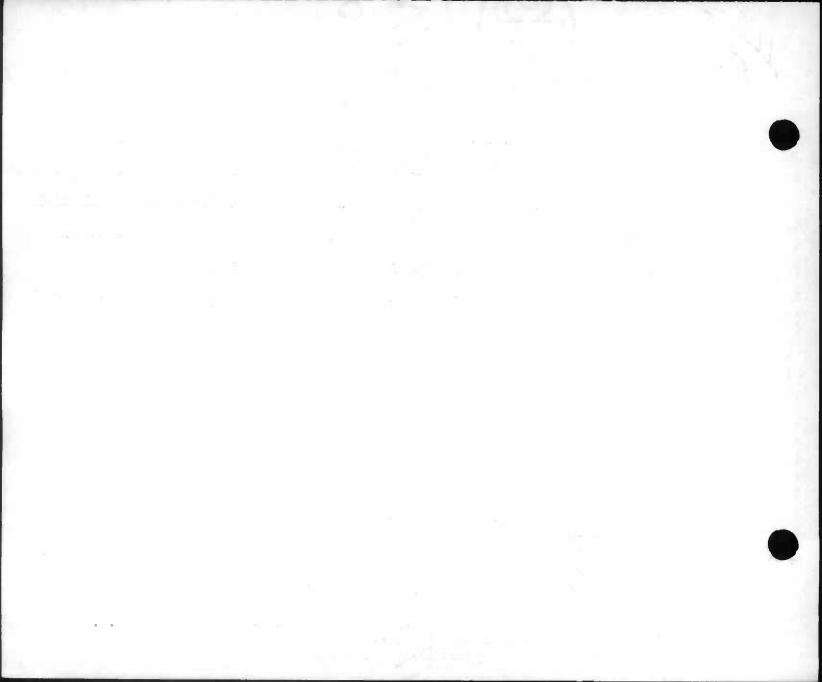
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FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

- STATE REGISTRAR REG. NO 2a. DATE OF DEATH 2b. HOUR 1. DECEASED NAME FIRST LITYPE OR PRINTS February 23, 1985 8:00a Ethel Agnes Calk IF UNDER TYEAR S. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IE UNDER 24 HRS 4 RACE 3. SEX MENTH 1903 81 White Female **BALTIMORE CITY OR COUNTY OF DEATH** In BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. Frederick County, WIDOWED X 12a, USUAL OCCUPATION 176 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH Retired Proofreader Printing Co 14046 Harrisvilles Road Mt. Airy USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Mt. Airy 13d: INSIDE CITY LIMITS? 13 STREET ADDRESS / ZIP CODE Road 21771 YES DE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME McNamara MIDDLE MIDDLE William Pratt Agnes ADDRESS 16b SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YENO OR UNKNOWN) Same as 13e 215-20-3965 Joseph Rose (Son) 18 CAUSE OF DEATH (Enter only one couse per line forga), (b), and icid
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSCOUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO C 21c HOW INJURY OCCURRED 21b. TIME OF INJURY HOUR A.M. MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINERY 211 LOCATION 21e PLACE OF INJURY 21d INTURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceosed alive on 22 death body after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE STAFF PHYSICIAN (PHYSICIAN DIRECTOR 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL (SPECIFY) Cheltenham Maryland 2/26/85 Maryland Veterans Cem Burial FEB 2 8 985 14 Furancies Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 50M 4/83 (VRA 15, 4)



p.e		9= 3	eorh	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	(Sento.	rouns offer	A
leoth.		TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the luming	24	-
fter d		the fu	d with	
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24 hc		PHILIP	anid b	
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The state of	ICION.	te ho	nsit pe	/giene
CIAN	phy:	ertifice	ol-tro	H lotu
PHYS	ending	this ce	e buri	d Me
SING	or off	After	e os th	olth or
TTENC	pitol	TOR:	for use	of Hec
OR A	e hos	DIREC	pehod	Dept.
PITAL	retained by the hospital or attending physician.	ERAL	e detc	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.
HOS	paulo	FUN	d blue	th the
0	ret	5	-K	3

MPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, or other traumatic event, the medical

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC	REG. 1	NO.		
	CEASED NAME	FIRST		WIDDLE	i	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	. OK PRIMIT	Mary	Ru	eyann		CLEM	gev.	21,	1485	9H M
3 SE	Х		4. RACE		5. DATE C		6 AGE (IN YEARS LAST B		FUNDER 1 YEAR	IF UNDER 24 HRS
F	Pemale		Whi	te	Feb.	22, 1898	88	YRS.	ONIHS BATS	HOURS MIN.
	RTHPLACE (STATE OR Maryland	FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Frede:	or county		MD.
	rederick	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME C	Street	126 USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND O INDUSTRY FLOM	F BUSINESS OR
130 5	al residence (if NUR STATE laryland	113b CQUI		GIVE RESIDENCE BEFORE	Ν.	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS	zip code	ket St	., 21701
14. FA	William		WIDDLE	Keyser		is mother's maiden na Adella	WE		Ŝ	tull
	VAS DECEASED EVER YES, NO OR UNKNOWN) IN O		E WAR OR DATES	166 SOCIAL SECU 213-24-7		Mrs. Margare	t C. Dutro	8/10/1	Rocky	Springs
MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUP WHILE NOTIFY MED 270.1 certify that (I sow the decea obave. (I) (Wall 272b. SIGNATURE 272d. PHYSICIAN'S N 272d. PHYSICIAN'S N	IMMEDIA I, which medicte medicate may the lost NIFICANT I VION CAUSE OF DE NICAL EXAMINE IRED IMEE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. (a) 21e. PLACE (AT HOME, STA	ONTRIBUTING TO DESTRUCTION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, F e deceased from 19 8 offer death.	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET ATTENDING PHYSICIAN 222. ADDRESS Professiona	TINAL DISEASE OR CO	20b. IF YES, IN CERTIFY YES	COUNTY Ond from the	STATE that (I) (we) lost causes stated SIGNED
23o. E	BURIAL, CREMATION	REMOVAL	23h DATE	123c N	NAME OF C	EMETERY OR CREMATORY	1236 LOCATION			

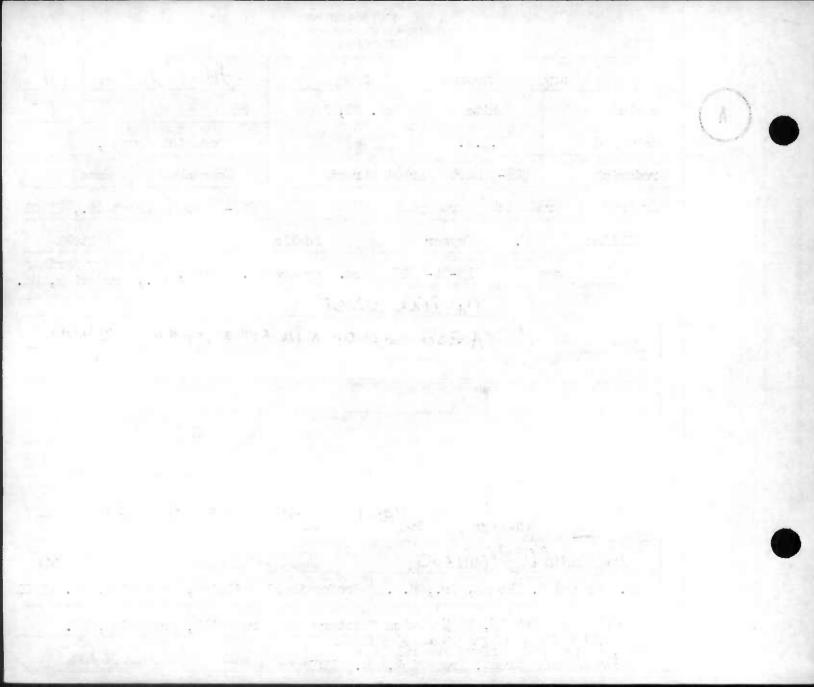
DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIF Burial Mith, Reeney and Basfor 106 East Church Street, Cemetery

Frederick, Md.

Basford Juneral reet, Frederick

250. DATE REC'D.



er this carrillode has been signed by the ottending physician and the busine-transit permit. Then please remove corbon papers. Pages and Mental Hygiene prior to busiol, cremation, or removal.

ey injury, or other froumotic event. In

NPORTANT, if them 21 is morked or them

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

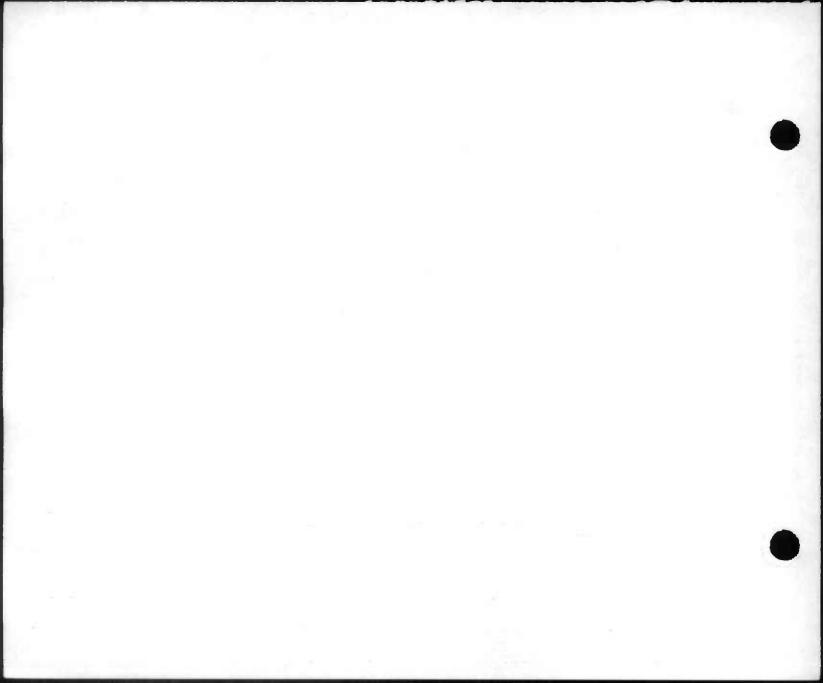
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STAIL OF MAKTLAND	8
DEPARTMENT OF HEALTH AND MENTAL H	YGIEN
CERTIFICATE OF DEATH	

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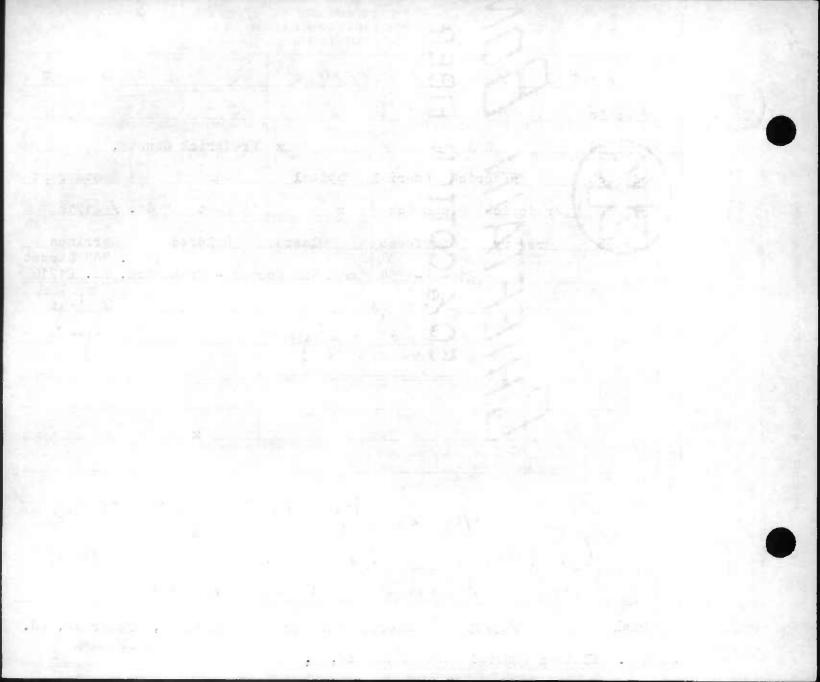
١.	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	IENE			
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D		
	CEASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH	HIMOM	DAY YEAR	26 HOUR
	John	Ja	ames	Con	iff	February	11,	1985	6:00au
3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male	Whi	ce	Sep		57	YRS		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	ST NEVER MARRIED	9 BALTIMORE CITY OF	R COUNT	Y OF DEATH	
M	aryland	U.S.		WIDOWE	D DIVORCED	Frederic			MD.
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR
	rederick	Reside	ence-400	Del	aware Rd.	Engineer	Ass	oc. St	ate High
USU,	AL RESIDENCE HE NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP COD	Œ	
M	aryland Fre	ederick	Freder		YES 🖹 NO 🗌	400 Dela			21701_
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		ŧ AS	
		Elmo	Conif	f	Margaret			Hog	
	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	400 Dela	ss ware	Road.	21701
	No	OIVE WAR ON DATES!	215-26-	9587	Mary Dorot	hy Coniff	Fre	derick	,MD.
	18 CAUSE OF DEATH (Enter	only one couse pe	line for (a), (b), one	f (c).	Λ			APPROXI	MATE INTERVAL PINSET AND DEATH
	PART I. DE ATH WAS CAL	ISED BY: IATE CAUSE (o)	(Bralos	= a	vrest				
			R A\$ A CONSEQUE	NCE OF	9.00-A				
	Conditions, if ony, which	(b)_	Ventrion		Librillotion				
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	•				
	underlying couse lost	(c)_							
_	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION G	IVEN IN PART TO	
O									
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YI	ES, WERE FINDIN	GS USED OF DEATH?
TIE						YES NO		ES 🗌	ио 🗆
B	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	14 IN 11EW 18	PART 1 OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAM	DEATH	M.	19					
EDI	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK					11	u_	0:-	
	22a.1 certify that (1) (this ha	()	e deceased from		rah 1, 1950		1	. 19 82	that (I) -(we) last
	sow the deceased alive above, (I) (we) (did) (did	on not) view the body		<u>)</u> , on	ed that in (my) (death accurred on the da	ate and ha	our and Irom the	couses stated
	226. SIGNATURE	10	\cap	[DEGREE	/		22c. DATE	SIGNED
	15/1/1	Tema.	yh.		ATTENDING PHYSICIAN [MEDICAL STAF		the	11, 1985
	224 PHYSICIAN'S NAME YTY	E OR PRINT)			22e ADDRESS				
	B.O. Thoma	as, Jr.	M.D.		228 N. Mar	ket St., F.	rede	rick,M	D.21701
	BURIAL, CREMATION, REMOV			IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COLINTY	STATE
	Burial	2/13,	/85 Re	stha	ven Mem.Gar				
24 F	UNERAL DIRECTOR	1621	Onossiam	t own	Pike 25e DAT	E REC'D. BY REGISTRAR	256 REGIS	Jandson-V	Sindale.
G	Douglas Sta	auffer,	rederic	k,MD	. 21701 FE	B 1 3 1985	June	WALLY GEORGE	

DHMH - 16 50M 4/83 (VRA 15, 4)



	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		
-	DEC	EASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
		DRPRINT) LAURI	4 VirginiA	COOMER	2 2	- 05
	3. SE>		4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
		Female	CAUC	MODITH DAY YEAR 2 30	54 YRS.	ONTHS DAYS HOURS MIN.
6		THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
2		Maryland	USA	WIDOWED DIVORCED	Frederick Count	
11	10 CI	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY
1		rederick	Frederick Mem	orial Hospital	Cook	Restaurant
6	13a. S	TATE 13b. COU	the state of the s	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	1 24546
1			ederick Brunsw		14 East "A" St.	. / 21716
	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
V			regory Sigaf			Harrison
1		'AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) [IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES)			E. "A" Stree
/ [Mo	218-24-	1354 Dawn Ann Co	oomer - Brunswich	
			only one couse per line for (o), (b), or	d (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (o)	enya		2 Lays
			DUE TO, OR AS A CONSEQU	ENCE OF		
	10	Conditions, if ony, which	(in advan		~	years
		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
		underlying couse lost.	(c)			
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
-7	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
OK	IFIC				YES NOW YES	ING CAUSES OF DEATH?
13	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
7		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK		1/3 70	2/20	o 65 that (1) wello
		22a.1 certify that (1) (this has	pital) attended the deceased from	75, and that in (my) (our) opinion	. 10	, 1110 (11) 110 110
					death occurred on the dote and hour	
		sow the deceased alive a above (I) (we) (did) (did n	of) view the body ofter death.			
			or) view the body ofter death.	DEGREE		22c. DATE SIGNED
		sow the deceased alive a above (I) (we) (did) (did n	Not view the body offer death.		MEDICAL STAFF	
		sow the deceased alive a above (I) (we) (did) (did n	Of PRINI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
		sow the deceased alive a above (I) we) (did) (find n 22b. SIGNATURE	OF PRINT	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
1		sow the deceased alive obove (I) we) (did) (fid n) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE AVY A URIAL, CREMATION, REMOVA	OR PRINT	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN NS WICK, MD- 1234 LOCATION	2/21/85
1	1	Sow the deceased alive obove (I) we) (did) (fird no 22b. SIGNATURE 22d. PHYSICIAN & NAME (TYPE	OR PRINT CR 23b. DATE 23c.	DEGREE MD ATTENDING PHYSICIAN 220 ADDRESS RM	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 2/21/85

STATE OF MARYLAND



5		

STATE OF MARYLAND

	1- STATE REGISTRAR 3/6/85 rja	ULLARIM	ENT OF HEALTH AND MI CERTIFICATE OF DE		REG. NO.		
	1. DECEASED NAME FIRST	WIDDLE	LAST	Za. DATE O	F DEATH MONTH	DAY YEAR	2b. HOUR
	Charles	s Theodore	COPENHAVER	Febru	lary 13, 19	85	4:15 am
	3. SEX 4 1	RACE	5. DATE OF BIRTH		EARS LAST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HR5
2	Male W	hite	March 31, 19	L4 70		MONTHS DAYS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MA	PRIED 9. BALTIMO	ORE CITY OR COUNTY	Y OF DEATH	THE REAL PROPERTY.
a di		U. S. A.		RCED Frede	erick Count	y	MD
1		NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALT 16949 Bollinger	DDRESS)	{TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKING LIE I T i ty		Rubber
1	· ·		urg 13d. INSIDE CIT	16949 16949 × 16949	ADDRESS Bollinger	School School	Road
	Luther	Copenhaver		MAIDEN NAME MOL	lienBrown Beth Ston	esifer	
	160. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES]		Emmitsb	uraporeMD 21	727	
1	No	183-18-67	745 Ruth Co	ppenhaver, 1	.6949 Bolli	nger Sch	n. Rd.
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY. Badi	- renal	Lileure		BETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR DA CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN	u Mell	litus			
	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to de</u>	EATH BUT NOT RELATED T	O THE TERMINAL DISEAS	E OR CONDITION GIV	VEN IN PART 1(a	
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	OPERATION WAS PERFOR	AED 200 AUT	IN CERTIF	S, WERE FINDIN FYING CAUSES (ES []	
-	OR CONTRIBUTING CAUSE OF DEATH	P.M.	Y YEAR	RY OCCURRED (ENTER N.	ATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2]	
	THE EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) 211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) this haspital)	ottended the deceased from	, and that in my de	19, to	ed on the date and has		that (D)(we) last

DEGREE

22e ADDRESS

MEDICAL

22c. DATE SIGNED 13 Feb. 85

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Morningstar, M. George

S. Seton Ave. 236. NAME OF CEMETERY OR CREMATORY

Emmitsburg, MD 21727

STATE

24 FUNERAL DIRECTOR

16 Feb 85 Burial Skiles Funeral Home, Emmitsburg,

ATTENDING PHYSICIAN

TATORY 23d LOCATION COUNTY

rial Emmitsburg Frederick 1

Z50. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Emmitsburg Memorial

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is should be detached with the State Dept.

and the court field in Marketon 1 Miller

25M

ARTMENT OF HEALTH AND MENTAL HYBIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 7h HOUR DEATH MATED XX 19 85 2d HOUR 2:00 19 85 D. M 9. BALTIMORE CITY OR COUNTY OF DEATH Frederick County, 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS U.S. E OV ğ LAST RAMSBURG Jefferson, Md. BETWEEN ONSET AND DEATH (Head Only 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 6504 Mountain Church Rd., Jefferson, Frederick Co., Ma. 2-14-85 21.201 111 Penn St., Balto., Md. Middletown Fred. Md. Feb.16,1985 24 FUNERAL DIRECTOR 21769 25a. DATE REC'D. BY REGISTRAR DHMH - 17 Funeral Home Middletown, Md. (VR A15 ME (S))

STATE OF MARYLAND

Tree of the second come of the second come and the second come of the

PHYSICIAN: The low

OR ATTENDING

TO HOSPITAL

FOR STATE

DOUGLAS STAUFFER, FREDERICK, MD.

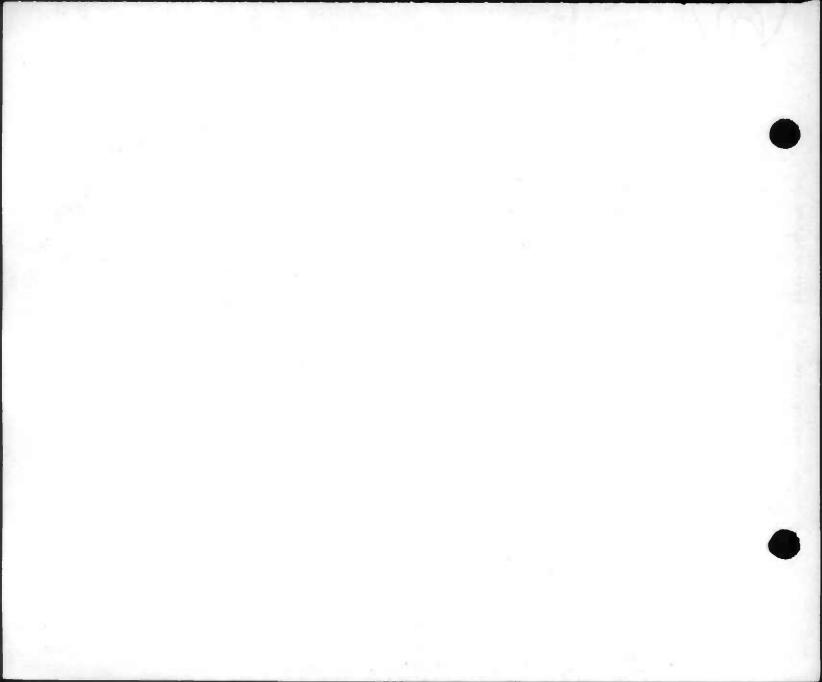
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO	Ο.				
	EASED NAME	FIRST	A	AIDDLE	1	AST		20 DATE OF DEATH	MONTH		EAR	26 HOUR	P
() AME (OK PRINT)	BEATRIC	CE I	RENE	CUMMIN	IS		FEB		17 8	27	8,0	UM
3 SEX		4.	RACE		5. DATE C			AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER I	DAYS	IF UNDER 2	A HRS
0	FEMALE		WHIT	E	Augus	t 13 189	2	92	YRS	MONTHS	DATS	HOURS	MIN.
	THPLACE STATE O	R FOREIGN 7	CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MARRI	- n n	BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
	entucky		USA		WIDOWE			FREDERICK	COU	NTY			MD.
	Y OR TOWN OF DE REDERICK	ATH P			URSING HOME C STREET ADDRESS) STNG CEN	OR OTHER INSTITUTION		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE				F BUSINES	SOR
13a, S1	L RESIDENCE IN NU TATE RYLAND	RSING HOME OR O 134 COUNT MONTGO	THER INSTITUTION. Y OMERY	GIVE RESIDENCE 13¢ CITY OR ROCKV	BEFORE ADMISSION)	134. INSIDE CITY LIA YES 🛣 NO		3e STREET ADDRESS / 11801 ROCK	ZIP COD	E PIK	E/	20852	2
14 FA1	THER'S NAME	MI	DDIE	IAS	ı	15. MOTHER'S MAIL		E MIDDLE			LA51	ī	
	ADAM		В.	BAS'	TIN	RACHI	EL	ELIZABE			ENS(ON	
I6a W	AS DECEASED EVE ES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)		SECURITY NO. 9-7402	17 INFORMANT WILLIAM E	. CUN	10747 MINS, DAMAS	SCUS,	MARY	LAN	Drive	872
	II. CAUSE OF DEA	TH (Enter anly	one cause per	line far (a), (b), and (c).)					BET	PPROXI	MATE INTERV	AI EATH
	PART I. DEATH	WAS CAUSED IMMEDIATE		RESPI	RATOIZY	INFECT	102	PNEOMON	ノルル				
	Conditions, if an gave rise to in couse (a), stat	nmediate ting the	DUE TO, OF	CONGE RASACONS	SEQUENCE OF	HEART F							
	underlying caus	se last.	(c)_(GENE	RAUZ(SD ARTG	RIUS	CCBOSIS					
	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PA	RI Iro	1	
CERTIFICATION	19e DATE OF OPER	ATION	196. CONDI	TION FOR W	/HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE F		NGS USED OF DEATH	
E E								YES NO		ES 🗌		NO 🗌	
	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.I	M. MONTH	H DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PA	ART 2)		
MEDICAL	21d INJURY OCCU	WHILE	21e PLACE ((AT HOME, STR		OFFICE, FARM ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUN	114	STA	ATE
	22a I certify that (saw the decea above, (Hr(we)				wells bearing	1979 , 19, and that in (my) (our)	apinion de	_, to <u>FEB</u> eath occurred an the do	17_ ate and ha	ur and Ira		that (Ir (we causes stat	- /
	22b. SIGNATURE	adon			,	DEGREE ATTENI PHYSI	DING CIAN (2)	MEDICAL STAI				SIGNED 18,	158
	GILCIN	- 1	PRINT) TEADO.	rs, In		810 TOLL	House	E AVG, FR	EUGRI	CK, M	10,	2170	
23a. Bl	URIAL, CREMATION	I, REMOVAL	23b. DATE			EMETERY OR CREMA		23d LOCATION		P CHART			ATE
(2	CREAMTI	ON	2/18/	85	SMITHS	BURG CREMA	TORY	SMITHSBUI	RG,WA	SHĬNG	TON	I, MĎ	•
	NERAL DIRECTOR		OPOSS	UMTOWN	LPIKE		250 DATE	REC'D. BY REGISTRAR	258 REGIS	PARIS SI	GNA	TRE .	
1 1	DOUGLAS S					1701	LER	COS C 7	1	- wor (W.S.	M W	Lines	-

21701

DHMH - 16 50M 4/83 (VRA 15, 4)

MADORIANT: If them 21 is marked ar Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or removal



within 24 hours often

L	FOR - STATE REGISTRAR	77.77		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE S	0.	2 6	
	PECEASED NAME	Sister		lia Cunn	_	AST	Feb. 17,	MONTH 1985	OAY YEAR	26 HOUR 1:00 a
3 SE	Female	4-1	RACE White		5. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	BIRTHPLACE ISTATE OR COUNTRY) Co. Mayo,	Ireland	U.S.		MARRIE		Frederic	k	Y OF DEATH	M[
E	CITY OR TOWN OF DE	v	/illa St	t.Michael	ADDRESSI L, Emr	mitsburg, Md.	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Nurse		IFE) INDUSTRY	of Char
130.	UAL RESIDENCE (IF NUI STATE Md.	13b. COUNTY Frede		EMMITS DE RESIDENCE REFORM 134. CITY OR TOW Emmits bu:	'N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 333 S. Se	ton A	venue	1727
DIE	FATHER'S NAME FIRST Martin	Cunnane	OLE .	LAST		IS. MOTHER'S MAIDEN NA FIRST Bridge	me t Brennan		LAS	ı
	WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME	AR OR DATES)	166. SOCIAL SECU 219-54-0		17. INFORMANT . Sr. Josephi	ADDRI ne-Villa St		ael, Em	mitsbur
	Conditions, if any gove rise to imcause (0), state underlying cous	nmediote ing the se lost.	DUE TO, OR	as a conseque	NCE OF	Heart Fa				
NOI	PART 2 OTHER SIG	INIFICANT CON	UDITIONS <u>COM</u>	NTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
M X	190. DATE OF OPERA	ATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		S, WERE FINDIN	
X E							YES NO X	YI	ES 🔲	
DICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	P.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				OF DEATH?
13	OR CONTRIBUTING [] (IF EITHER, NOTIFY MED) 21d. IN JURY OCCUP WHILE NOT V AT WORK AT W	CAUSE OF BEATH ICAL EXAMINER) RRED WHILE	HOUR A.M. P.M. 210. PLACE O (AT HOME, STREE	MONTH DA	19	21c. HOW INJURY OCCUR		RY IN ITEM 18.		OF DEATH?
7 18	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI- 21d. IN JURY OCCUR WHILE NOTIFY AT WORK AT W 220.1 certify tho sow the deceo	CAUSE OF GEATH ICAL EXAMINER) RRED WHILE ORK (this hospital)	P.M P.M 210. PLACE O (AT HOME, STREE	FINJURY ET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f. LOCATION	CITY OR TO	RY IN ITEM 18.	COUNTY	OF DEATH? NO STATE
7 18	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI- 21d. IN JURY OCCUR WHILE NOTIFY AT WORK AT W 220.1 certify tho sow the deceo	CAUSE OF GEATH (CAL EXAMINER) RRED WHILE OORK (this hospital) sed alive on (did) (did not v	HOUR A.M. P.M. 21e. PLACE O (AT HOME, STREE	FINJURY ET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f. LOCATION STREET , 19 d that in (our) apinion DEGREE ATTENDING	CITY OR TO	RY IN ITEM 18.	COUNTY 19, ur and from the	STATE that (I) (we) last couses stated

231. NAME OF CEMETERY OR CREMATORY

St. Joseph's

DHMH - 16 60M 7/73

should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages I and 2 should be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

retoined by the hospital or attending physician.

Burial 18 Feb 85 St. Joseph'

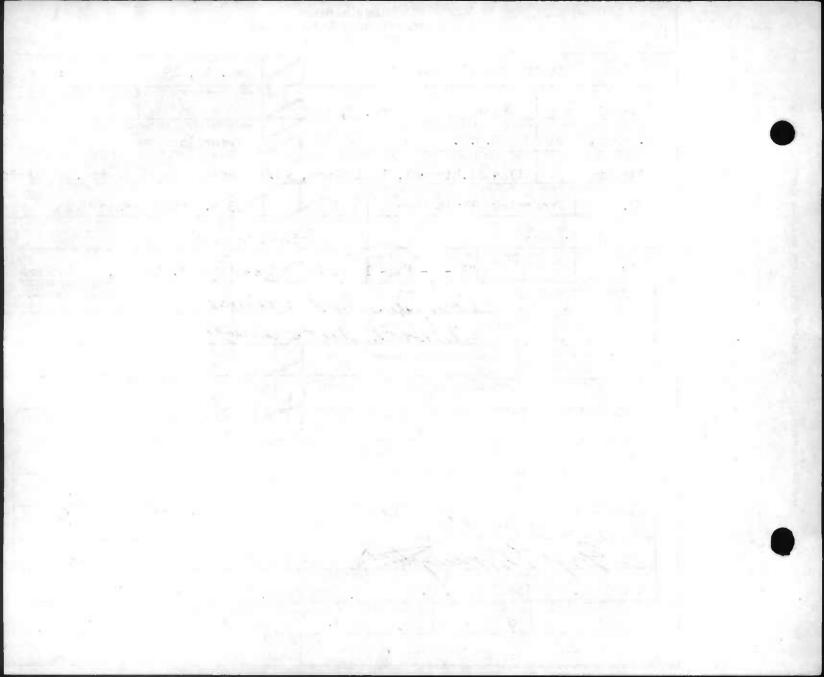
Representation Skilles Funeral Home, Emmitsburg, MD 21727 (VR A 15 (4))

236. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Emmitsburg Frederick 250. DATE REC'D.

STATE Md



and completely filled in by the funders I and 2 should be filed with TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician

injury, or other troumotic event,

IMPORTANT. If them 21 is morked or them? 8 shows

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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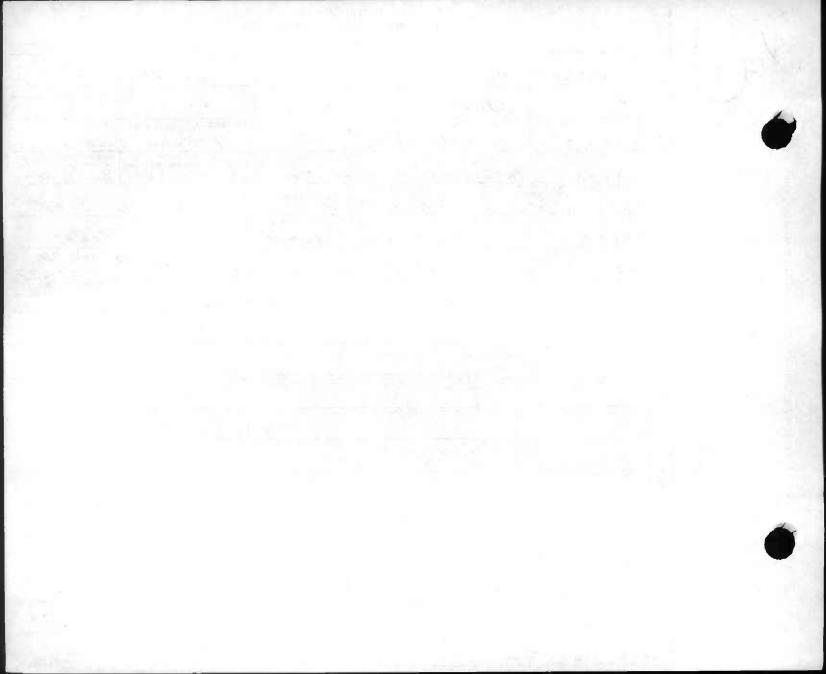
	REGISTRAR			CLRIII	ICATE OF DEATH	REG. NO.			
1 DE	CEASED NAME FIRST	/	MIDDLE	l	AST	20 DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR
	HARRY	ALLE	N DI	ELA	Jup BR	FERRUM	ey 12	1985	825 PM
3. SE	X May 1	RACE	_/	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	AY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN
	MACE	WHIT		MAY	19 1903	8/	YRS.		HOURS MIN
	IRTHPLACE STATE OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF	DEATH	
W	. VIRGINIA			WIDOWE	D DIVORCED	FREBERIO	IC C	0007	Y MD.
10 0	TITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE	126 KIND O	F BUSINESS OR
1151	REDERICE		KICK KI	_	DEAL HOSP.	CARPENTE	X	BUIL	0125
13a.	STATE 13b COUNT	Y	130 CITY OR TOWN		138 INSIDE CITY LIMITS?	13e STREET ADDRESS	27	7	720
14.6	ATHER'S NAME	ERICK	INVENTO	VI	YES NO	LAYMAN	121)	. 61	188
		IDDLE	Dollwa	DER	15 MOTHER'S MAIDEN, NAM	WIDDIE		REES	by
	WAS DECEASED EVER IN U.S. ARM		166 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRESS 548	100	CANA	PD
	(YES, NOOR UNKNOWN) (IF YES, GIVE I	WAR OR DATES)	215.07.8	917	JAMES C. DIFLAN				21227
	18 CAUSE OF DEATH Enter only	. 000 601160 001	line for io libi and i		William C. October	7//		7	MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAUSED	BY	_ /	nov	ascular q	cride -		BETWEEN	ONSET AND DEATH
	IMMEDIATE	CAUSE (o)	0 01	,,,,,	s decide of	Carty			
		DUE TO, OI	R AS A CONSEQUEN	CE OF			100		0.01
	Conditions, if only, which gove rise to immediate								
	couse (o), stoting the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF								
	(0)								
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0								
E S	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH O	DEDATIO	NI WAS DEDECTRATED	20e AUTOPSY? 2	Ob IF YES, W	EDE EINIDIN	ICS LISED
CERTIFICATION	THE DATE OF OFERANCE	THE CONDI	TION TOR WINCITO	FERATIO	WAS FERI ORMED		U CERTIFYIN	G CAUSES	OF DEATH?
ER	210 ACCIDENT WAS UNDERLYING	21b. TIME O	F IN IURY		21c HOW INJURY OCCURR	YES NO	YES [NO []
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.	M. MONTH DAY		THE HOW HOSEN OCCORN	LED TENIER NATURE OF INJURY IN	THEM IS, PART	I OKPARI 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	21e PLACE (19	211 LOCATION				
ME	WHILE NOT WHILE O		EET, FACTORY, OFFICE, FAR	M, ETC.)	STREET	CITY OR TOWN		COUNTY	STATE
		I) ottended the	e deceased from		July 10 82	- Feb	1210	85	death from less
	270.1 certify that (I) (this hospital) attended the deceased from								
	22b. SIGNATURE	view the body	offer deoth		DEGREE			22c DATE S	SIGNED
	Ali	Ille.	14		ATTENDING PHYSICIAN	MEDICAL STAFF	ч П		
1	224 PHYSICIAN'S NAME (TYPE OR I	-			22e. ADDRESS			_	
	Sip	ICKE	RT M.	D,	Low Center	+ THUR	21401	NT 0	nh
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	- /		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	- COL	JNTY _	STATE
	BURLAL	2-16	-85 TRU	E 60:	SPEL CEMETER,	1 LISBON	How	MAD	MD.

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR Femeral Horse Ellicott City

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE Guha Davidson Pandage



requires that the death certificate be

ATTENDING PHYSICIAN: The low

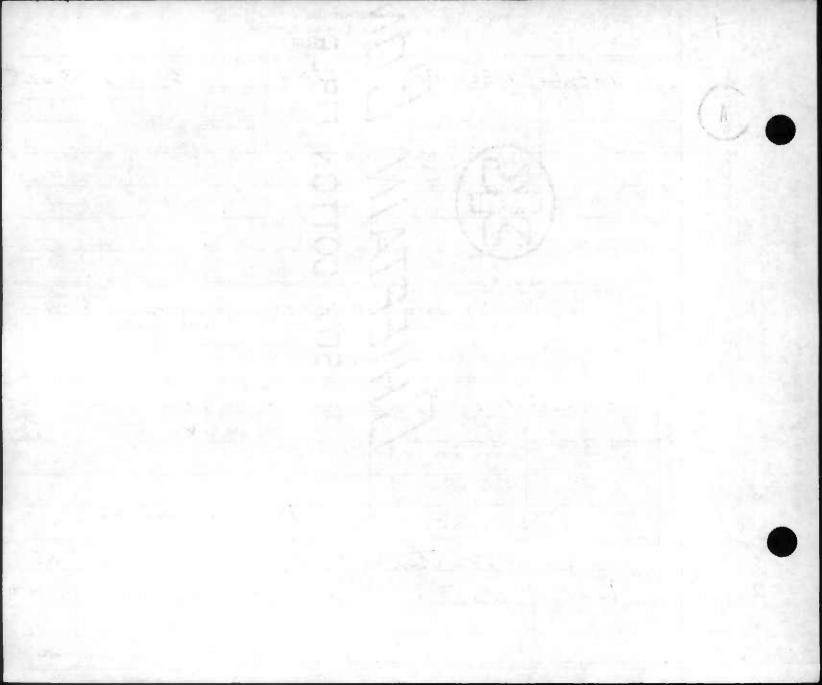
۲Z	ATI	OF	MA	RYL	AND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	CEASED NAME FIRST E OR PRINT) MA-684		LWINA	į,	DISNEY	20. DATE OF DEA	MONTH 2	13	YEAR F3	3: 02
3. SEX	X	4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Female	Neg		Jul		73	YRS			
0	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF W	· A .	MARRIEI WIDOWE	NEVER MARRIED 1	9 BALTIMORECI Freder				M
10 CI	rederick	11. NAME OF HE	OSPITAL, NURSING	G HOME O	ROTHER INSTITUTION 1 Hospital	12a USUAL OCCU ITYPE OF WORK FOR M Domest	PATION OST OF WORKING	G LIFE) INC	KIND OF	BUSINESSO
USU A 130. S	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, C		ADMISSION)	13d INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e STREET ADDRI 3 S. B	ess/zipco	ODE		
	ATHER'S NAME FIRST Wallace	G.	Disney		15. MOTHER'S MAIDEN NAM Annie	M.				stick
	NAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES	212-24-		Dorothy Bo	wie, Fr	Sout	ck,	MD.	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	inly one cause per l ED BY: ATE CAUSE (a)	Guan		all career us	mes /31.	cappling	us	BETWEEN OF	MSET AND DEATH
	Conditions, if ony, which	DUE TO, OR	AS A CONSEQUE	414		with he	ch me	tasta	,	
TION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT Quite 1	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE	NCE OF NCE OF DEATH BUT RAN O	celusion or bra	in meta,	tary.	anes	nes	uver di
TIFICATION	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE	NCE OF NCE OF DEATH BUT RAN O	1	17	20b. 1F	Ones YES, WER	E FINDING	Wes of
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT Quite 1	DUE TO, OR (c) CONDITIONS CO LOPE 196 CONDIT	AS A CONSEQUEING RIBUTING TO D	NCE OF NCE OF DEATH BUT RAN O	celusion or bra	in milas 200 AUTOPSY? YES □ NO	20b. IF IN CER	YES, WER RTIFYING YES	E FINDING CAUSES (GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT Quality 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR (c) CONDITIONS CO LTOPE 196 CONDITIONS CO PARTINE OF HOUR A.A. 216 PLACE OF	AS A CONSEQUEIN RIBUTING TO DE SUCCESSION FOR WHICH OF THE PROPERTY A. MONTH DA	NCE OF NCE OF DEATH BUT LONG OPERATION Y YEAR 19	cclusion or bran N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WER RTIFYING YES 18 PART 1 OF	E FINDING CAUSES (GS USED OF DEATH?
	gove rise to immediate couse 101, stofing the underlying cause last PART 2 OTHER SIGNIFICANT 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 22a.1 certify that (1) (this hasp sow the deceased alive or obove, (1) (we) tidd (did not or obove, (1) (we) tidd (did not obo	DUE TO, OR (c) CONDITIONS CO LTOPLE 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STRE	AS A CONSEQUEING RIBUTING TO DE CONTROL OF INJURY A. MONTH DA A. PE INJURY CHECK CONTROL OF INCE FACTORY, OF FICE FACTORY,	NCE OF NCE OF DEATH BUT LA GO OPERATION Y YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 d that in (myl (our) apinion of	200 AUTOPSY? YES NO ED (ENIER NATURE O	20b IF IN CER	YES, WER RTIFYING YES 18 PART 1 OF	E FINDING CAUSES (R PART 2) DUNTY Lift of the c	GS USED OF DEATH OF D
	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY THE CAUSE OF DE CAUS	DUE TO, OR (c) CONDITIONS CO LTOPLE 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STRE	AS A CONSEQUEING RIBUTING TO DE CONTROL OF INJURY A. MONTH DA A. PE INJURY CHECK CONTROL OF INCE FACTORY, OF FICE FACTORY,	NCE OF NCE OF DEATH BUT LA GO OPERATION Y YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? YES NO ED (ENTER NATURE O CITY MEDICAL	70b. IF IN CER IN CER OR TOWN STAFF	YES, WER RTIFYING YES 18 PART 1 OF	E FINDING CAUSES (R PART 2) DUNTY	GS USED OF DEATH NO STATE hat (h (we) la
	gove rise to immediate cause (a), stating the underlying cause last underlying cause last PART 2 OTHER SIGNIFICANT Question 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDIC AL EXAMINE 21d. INJURY OCCURRED WHILE AL WORK NOT WHILE AL WORK NOT WHILE AL WORK NOT WHILE AL WORK OBOVE, (1) (We) (did) (did not 22b. SIGNATURE	DUE TO, OR (c) CONDITIONS CO LTOPLE 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O (AT HOME STRE	AS A CONSEQUEING RIBUTING TO DE CONTROL OF INJURY A. MONTH DA A. PE INJURY CHECK CONTROL OF INCE FACTORY, OF FICE FACTORY,	NCE OF NCE OF DEATH BUT LA GO OPERATION Y YEAR 19 ARM ETC.)	211 LOCATION STREET 214 HOW INJURY OCCURR 216 HOW INJURY OCCURR 216 HOW INJURY OCCURR 217 LOCATION STREET 218 ATTENDING PHYSICIAN 228 ADDRESS	200 AUTOPSY? YES NO ED (ENTER NATURE O CITY MEDICAL	70b. IF IN CER IN CER OR TOWN STAFF	YES, WER RTIFYING YES 18 PART 1 OF	E FINDING CAUSES (R PART 2) DUNTY Lift of the c	GS USED OF DEATH NO STATE hat (h (we) la
WEDICAL MEDICAL	gove rise to immediate cause (a), stating the underlying cause last underlying cause last PART 2 OTHER SIGNIFICANT Question 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDIC AL EXAMINE 21d. INJURY OCCURRED WHILE AL WORK NOT WHILE AL WORK NOT WHILE AL WORK NOT WHILE AL WORK OBOVE, (1) (We) (did) (did not 22b. SIGNATURE	DUE TO, OR CONDITIONS CO LIDE TO, OR (c) LIDE TO, OR (c) LIDE TO, OR 196 CONDITIONS CO LIDE TO, OR 198 CONDITIONS CO LIDE TO, OR 216 PLACE O (AT HOME STREE DITAL OR PRINT) OR PRINT) OR PRINT)	AS A CONSEQUEIN RIBUTING TO DE VICENCIA DE LA CONSEQUEINA RIBUTINA TO DE LA CONSEQUEINA RIBUTINA TO DE INJURY A. MONTH DA TO DE INJURY DE INJURY DE INJURY DE LA CONSEQUEINA DEL CONSEQUEINA DE LA CONSEQUEINA DE LA CONSEQUEINA DEL CONSEQU	NCE OF NCE OF	211 LOCATION STREET 214 HOW INJURY OCCURR 216 HOW INJURY OCCURR 216 HOW INJURY OCCURR 217 LOCATION STREET 218 ATTENDING PHYSICIAN 228 ADDRESS	200 AUTOPSY? YES NO ED (ENTER NATURE O CITY TO 2 Death occurred on the country of the country	20b. IF IN CER IN CER OR TOWN STAFF HYSICIAN []	Pes, WER RTIFYING YES 18 PART 1 OF	EFINDING CAUSES (CAUSES CORPART 2)	GS USED OF DEATH NO STATE hat (h (we) la

DHMH - 16 60M 7/1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely "lifed in Ity the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should the lifed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



BP DHMH - 16 50M 4/83

(VRA 15, 4)

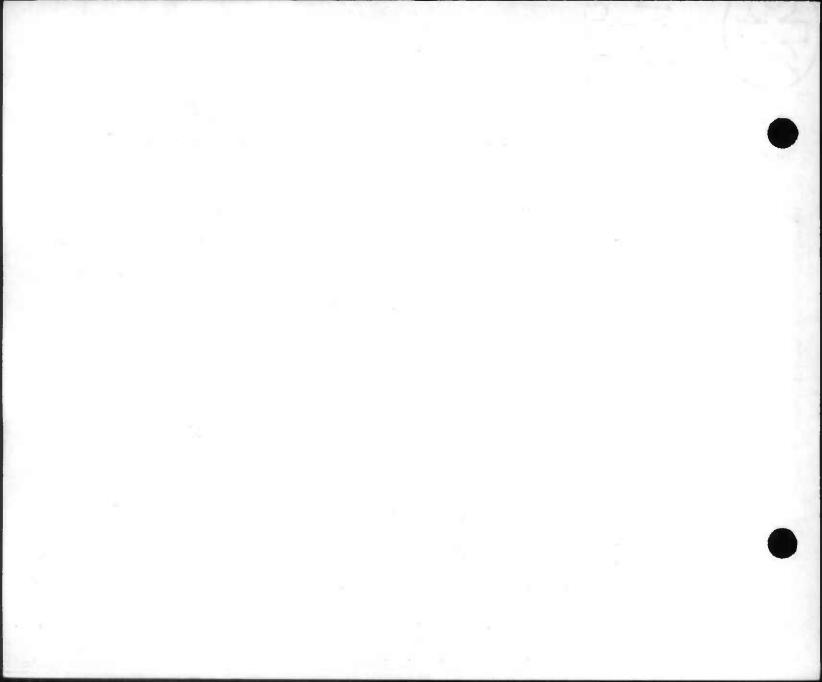
page 3 er death

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	TIFICATE OF DEATH REG. NO.					
		CEASED NAME	FIRST	А	MIDDLE	i.	AST	20 DATE OF DE		DAY YEAR	26 HOUR	
	(TITE		oseph	Leo	pold	Dozz	i	Februa	ary 22,	1985	6:00a м	
	3. SE X	(4. RACE		5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.	
1	-	Male		White	е	Marc		51		S. DAYS	HOURS MIN.	
-		RTHPLACE (STATE OF	OREIGN	76 CITIZEN OF	WHAT COUNTRY	RY? 8. MARRIED NEVER MARRIED		9 BALTIMORE	9 BALTIMORE CITY OR COUNTY OF DEATH			
Α		Pennsylvania U.S.A.			Α.	WIDOWED DIVORCED		Freder	MD.			
7	10. CI	TY OR TOWN OF DEA	(TH	11. NAME OF H	HOSPITAL, NURSING HOME OR OTHER INSTITUTION JCH FACILITY, GIVE STREET ADDRESS)				12a USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
4	Frederick Residence-					764 Lyn	n Street	Draftsman Bechtel				
	USUA 13a. S	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13e.STREET ADI	DRESS / 7IP CO	ODE		
/		ryland		erick	Frederi	ck	YES NO K			eet- 2170	1	
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N		AIDDLE	LAS	ī	
4		Guiseppe			Dozzi		Carlatta	1	Μ.	Belt	rame	
	lée V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	6/	A Main S	Street		
		Yes		WII			Cecilia Mon	tague, Ca	arnegie,			
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one cause per	line for (a), (b),	and (c)				BETWEEN	MATE INTERVAL	
		PARTI. DEATH W		E CAUSE (o)	Car	diac 1	Arvest					
				DUE TO, OI	r as a conseq	UENCE OF						
		Conditions, if ony, which (b) (b)										
		couse (o), statin	g the	DUE TO, OR AS A CONSEQUENCE OF								
		underlying cause last (c)										
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 110 1										
	CERTIFICATION	IA DATE OF ODERA	TION .	Int contra	TION FOR WHI	CH OPERATION	NI WAS DEBEGORASED	200 AUTOPS	V2 200 IC	YES, WERE FINDIN	ICS USED	
	FIC	190. DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED				INCE	RTIFYING CAUSES	OF DEATH?		
2	ERTI	21a ACCIDENT WAS UNI	ERIYING [216 TIME O	E IN HIRY		1217 HOW IN HIPY OCCU		10	YES	NO []	
									IS PART TORPART 2)			
	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE		21e. PLACE (19	211 LOCATION					
	ME	WHILE NOT WHILE				E, FARM, ETC)	SYREET	C	ITY OR TOWN	COUNTY	STATE	
		22a certify that (1)		tal) attended the	e decensed from	2/2	2 10 85	- in 2	/2.2	10 8 5	that (I) (we) last	
		sow the decease	ed olive on	Never Su	(Pt.) 19		d that in (my) (our) opinion	n death occurred a	n the date and			
		above, (1) (we) (did) (did not) view the body after death.								22t. DATE	SIGNED	
		10000	1	ATTENDING MEDICAL STAFF PHYSICIAN PRIRECTOR PHYSICIAN						2/2	3/85	
Н			SNAME TYPE OF PENTS.								12011	
		Jame	25 A	.Friz	Zell		360 Park	Hove, t	reder	ick, M	2 2(10)	
		URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY			·.		
	(Burial		2/26/8	85 0	ueen o	f Heaven Cmt	y Peter	's Twnsl	nip, Washi	ngton, PA.	
	24 FU	INERAL DIRECTOR			possumto	<u> </u>		*	ISTRAR 256. REC	SISTRAR'S SIGNAT	URE "	
	G.I	Douglas St	auffe	r, Frede	erick, M	D. 21	701 FFR	2.5 1985	1 had	seyelson-Man	della	



STATE OF MARYLAND

A Division of the second of th BIRTHU BURNEY TO BENEVALUE OF THE SECOND POTE IN REPORT OF BUILDING SHOP TO BELLEVILLE TO BE TO The state of the s

TTENDING PHYSICIAN: The

	FOR	
-	STATE	

STATE OF MARYL DEPARTMENT OF HEALTH AND CEDTIEIC ATE OF

AND 8	5	U	3	die	La	
MENTAL HYGIENE						
DEATH						

REGISTRAR			EKITIC	AIE OF DEATH		R	EG. NO				
EVANS, OL	En (BRADSHAW Scall Sha	W				-	2	6	85	2b HOUR 401P M
MALE				29, 1920			64	YRS	MON!	HS DAYS	
	USA	/			<u> </u>		-				MD.
						OPTICI	UPATIO MOST OF AN)N WORKING	LIFE)		OF BUSINESS OR
UAL RESIDENCE (IF NURSING HOME OR C STATE ARYLAND 13b, COUNT FREDE	RICK	GIVE RESIDENCE BEFORE ADA 13 CCITY OR TOWN FREDERICK	113		S? 1	3e.STREET ADD 501 PRO	RESS / SPEC	ZIP CO	DE LVD.	-	21701
FIRST		EVANS	15	NANNIE	MAM	MÂ				TYĬ	ŽER
					ING					ID.	LVD. 21701
PART 2 OTHER SIGNIFICANT CO					TERMIN			20b 1F 1	res, we	RE FIND	INGS USED
						YES NO			YES [NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DAY		1c. HOW INJURY OC	CURRE	D (ENTER NATURE	OF INJURY	IN ITEM 1	8 PART I	OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK				I. LOCATION STREET		Ci	Y OR TOW	111		COUNTY	STATE
			, and t			eoth occurred ar	the dot	te and h	_, 19_ aur and		, that (1) (we) lost e couses stated
174 SIGNATURE WORLD	H	mm	_	ATTENDIN PHYSICIA		MEDICAL DIRECTOR []				27c. DAT	16/85
	UNA										
(SPECIEY)	23b DATE				ORY			M	CONCR	HAT'C E	гт. Мб.
BURTAL	2/19/8	SO EWEI	LL CE								
	ECEASED NAME OF PRINTIPLE OF PR	ECEASED NAME PE OR PRINT) EX MALE MALE MHITE BIRTHPLACE (STATE OR FOREIGN IARYLAND CITY OR TOWN OF DEATH FREDERICK UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE IB COUNTY IRYLAND FATHER'S NAME FIRST XXXX JOHN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) YES 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O). Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS (C) 19a. DATE OF OPERATION 19b. COND 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE WHI	ECEASED NAME PEOR PROMISE EX MALE MALE MHITE BIRTHPLACE (STATE OR FOREIGN IARYLAND CITY OR TOWN OF DEATH THE MENOR TOWN OF THE MARKET WAS CHARLES TO THE MENOR TOWN OF T	ECASED NAME PE OR PRINTING EX MALE MALE MALE MALE MALE BIRTHPLACE (STATE OR FOREIGN TO CITY OR TOWN OF DEATH TO MARKED LAND TOWN OF DEATH TOWN OF DEA	ECCASED NAME FOR CREATED NAME	ECASED NAME PROPERED IN AME PROPERED IN AMERICAN AME PROPERED IN AME PROPERED IN AMERICAN PROPERED IN AMERICAN PROPERED IN AMERICAN PRO	ECEASED NAME ECCASED NAME EXAMPLE OF THE CONTROL	ECASED NAME OLEN BRIADSHAW EVANS R. DATE OF DEATH EVAND EXAMPLE AND EVANS A. AGE (PAYARSIALISER) MALE BRITHPIACE (SIATI ORIORISM) IS CITIZEN OF WHAT COUNTRY? IN MICHAEL AND DIVIDENCE ORIGINAL ORIORISM IS CITIZEN OF WHAT COUNTRY? IN MICHAEL AND DIVIDENCE ORIGINAL ORIORISM IS COUNTY TREEDERICK TREDERICK TREDERICK	ECASED NAME OTEN ALFACE ENAME OTEN ALFACE INTERSISTENCE INTERS	ECCASED NAME OLEN OLEN	REG. NO. REG. N

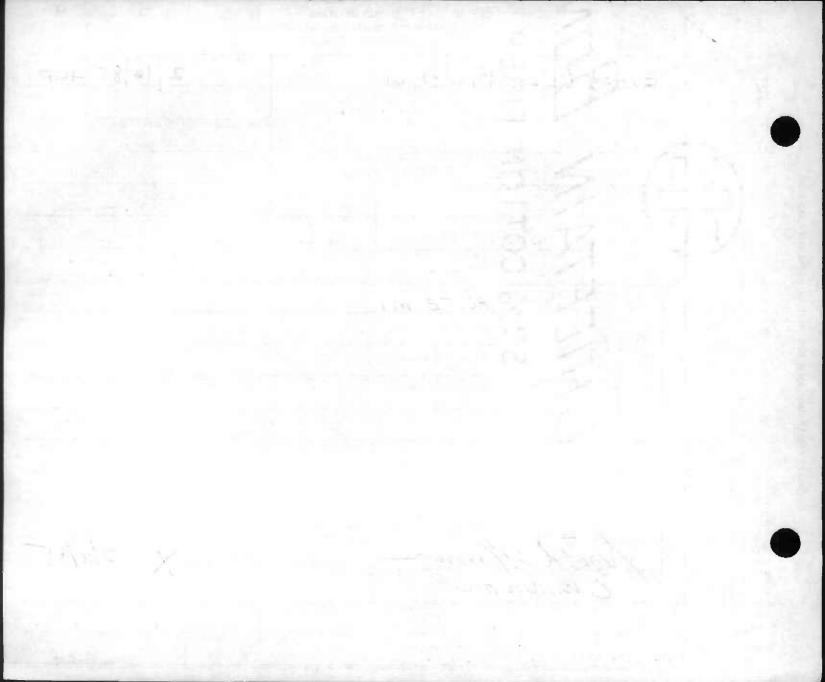
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPOFTALT: If Hem 21 is marked or Hem 18 shaws any injury, or other Ha TO FUNERAL DIRECTOR. After this certificate has been signed by incomit the detached for use as the burial-transit permit. Then please the the state Dept. of Health and Mental Hygiene prior to burial, or

G.Douglas Stauffer, Frederick, MD. 21701

FFR 25 1085 La Sevidon Rendale



STATE OF MARYLAND

1 -	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	GIENE	REG. NO.				
1. DEC	CEASED NAME FIRE	BRUCE	FOX		LAST	20 DATE O		7. /	985	8 1	RS OM
3 SE)		1. RACE Caucas	sian	5. DATE (H DAY YEAR	6 AGE (IN	YEARS LAST BIRTHDAY		UNDER YEAR	HOURS	MIN,
70. BII	RTHPLACE (STATE OR FOREK COUNTRY) Maryland	U.S.		MARRIE		9 BALTIM	ore city <u>or</u> co				MD.
000	Frederick		HOSPITAL, NURSII CHEACILITY, GIVE STREE CK Memor		ospital	(TYPE OF WO	OCCUPATION RK FOR MOST OF WO	RKING LIFE)	126. KIND O INDUSTRY Agricu		
13a. S	AL RESIDENCE (IF NURSING FATATE Maryland	COUNTY CATTOLL	GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES NO	13. STREET	ADDRESS / ZIE	CODE Road/	21787		
4. FA	ATHER'S NAME FIRST Norman	WIDDIE	Fox		15 MOTHER'S MAIDEN N		MIDDLE	Ov	verho1	tzer	
	VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218-09-		Grace Fox		730 Diel aneytowi		2178		
	18 CAUSE OF DEATH IE PART I. DEATH WAS (nter only one couse pe CAUSED BY: AEDIATE CAUSE (o)	line for tot, (b), or	ua.					BELWEEN C	MATE INTER	PEATH
			PAS A CONSTOLLABOR AS A CONSTOLLABOR	ENCE OF	hydrone	phro	és, ca	n	6 m	inti	hs+
CERTIFICATION	PART 2 OTHER SHIVIFIC L. Albert 190 DATE OF OPERATION	releptie	hear	Her	NOT RELATED TO THE TER	200 AU	OPSY? 201	a. IF YES,	WERE FINDIN	NGS UYE OF DEAT	TH3
MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	E OF DEATH HOUR A XAMINER) P 21e PLACE	OF INJURY .M. MONTH C .M. OF INJURY TREET, FACTORY, OFFICE	19	211. LOCATION STREET	JRRED (ENTER)	CITY OR TOWN	ITEM 18 PAR	COUNTY	5	STATE
	220.1 certify that (I) (the		he deceased from	PS .	nd that in (my) () opinio DEGREE ATTENDING PHYSICIAN	MEDICA:			ond from the		oted
	Henry	V.Ch	ase	M.D.	FO4 Toll	House	Ave	Fre	eder	ick	M
	BURIAL, CREMATION BURIAL	Feb.1			cemetery or crematory Church Cemete	CI.	rone, Ca	rrol	1, Mar	ylan	ď

DHMH - 16 60M 7/84

should be detached for us with the State Dept of He IMPORTANT: If the

(VRA 15, 4)

Skiles Funeral Home

136 E. Baltimore St. Taneytown, MD 21787

per a Miller of the

77	Will et	ing Table		1616
Trederick Co.				Paul Correct
Variety principal	Latinno	fattassi for	alogo:	Solution
730 Dietz Josef 21787		n , , ,	STONES .	Fr Com
	rirodes.172	20%		- France
Control of the contro	25.0	ctat-o-res		c.

Hurial Feb.31,1085;Haust Church Ormstorv Trees, Carroll, Lary An 136 t. Bultimore St. Skills Firemed Home Tunorborn, No. 22757. FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR		DEFARIM	CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	8417	ABETH	/	FRANK	20 DATE OF DEATH	MONTH C	SAY YEAR	26. HOUR 1
3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
	Female	Whit	e	May	30 1898	86	YRS.	MONTHS BAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		
	Maryland	U.S	.A.	WIDOWE		Freder	ick C	ounty	, ME
	rederick		CHURACILITY, GIVE STREET AC		or other institution spital	17a USUAL OCCUPATI			OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Frederi		13d. INSIDE CITY LIMITS? YES MO	130 STREET ADDRESS	zip cobe arke t	St.	21701
14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		~ +	AST .
	Charles	F.	Ketler		Clara		100	Ger	lach
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	214-10-3		"Mr. Milton	n A. Fran Frederick	k. Jr • Mar	yland	12 West 1 21701
~	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	(b) DUE TO, O	R AS A CONSEQUEN	ICE OF	THE CAMPIE SOS				
	PART 2. OTHER SIGNIFICANT	CONDITIONS C						EN IN PART 1	10
O.	u	RIER	GASTROI	NZCSI	pivo gragin	565			
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?			INGS USED S OF DEATH?
-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE	AIN	DE INJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PA	ART I OR PART 2)	
MEDICAL	71d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FAR	RM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	27s.1 certify that (I) (this hose sow the decemed office of above thinke) (did i) (did n	2-	5 19 2	1. o	nd that in (my) (our) opinion o	to 6	ote ond hou	and from th	, that (I) (we) lost e couses stated
	226 GRIATURE	la.			DEGREE ATTENDING PHYSICIAN	OMEDICAL STA	FF IAN []	27c. DAT	e SIGNED
	224 PHYSIGIAN'S NAME (1114 ANTHOR G		6. M.O.		22e ADDRESS /	noy, nonsk		mp.	21970

BP

completely filled in by the

injury, or other troumotic event, th

should be detoched for use as the burish train it permit. Then please remove cork with the State Dept. of Health and M-mill Hysiene prior to burial, cremation, or

IMPORTANT: If them 21 is morked or in

TO FUNERAL DIRECTOR: After this certificate has been signed by the at should be detached for use as the builted from it permit. Then please remov

executed within 24 hou

certificate be

requires that the death

ATTENDING PHYSICIAN The low

TO HOSPITAL OR ATTEN

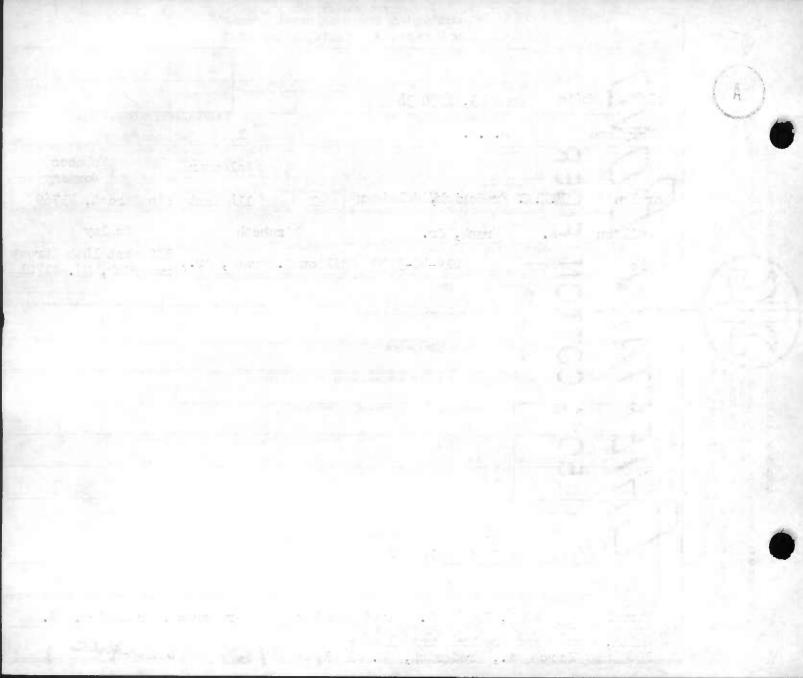
DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

23d LOCATION
y Frederick Frederick Md.

eb.8 Cemetery Smith Keeney 106 E. Church 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

e Transition I to Louis transition in the second se . A. H. U. BEAFTER - - - - - worker of faither . . . places whiteher The formal time to the first of the first of the first of or I malded the main it no de la company or all the outer to be a second or a figure and the contract of the contract o



	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	51,70	
ge 3		CEASED NAME FIRST EOR PRINT) William		word	F	4 gm	20. DATE OF DEATH	MONTH DA	YEAR YEAR	26 HOUR_
Her o	3. SE	X	4 RACE) hite	July	31, DAY 1910 AR	6. AGE (IN YEARS LAST BIR	THDAY) III	ONTHS DAYS	IF UNDER 24 HRS
(A) S	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF	•A•	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNTY C		MD.
1164	F	rederick	Freder	LCK HOMOI	ADDRESS)	or other institution Tospital	(TYRE OF WORK FOR MOST C		INDUSTRY.	Building
filled in	13a.		ederick	GIVE RESIDENCE BEFORE	ADMISSION) Prick	13d INSIDE CITY LIMITS?	13e SIREFT ADDRESS 204 Norve	ZIR CODE	Fred	erick, Mo
ompletely l ond 2 sl		ather's NAME Benjamin	Harve	y Fuc	ua	Is mother's maiden nar	MIDDLE	tta		lellan
s. Poges 1			IVE WAR OR DATES)	166. SOCIAL SECU 229-36-00		17 INFORMANT Mrs. Mary Fra	ances Crum,	204 No	orva Ar	ve.,
physicio on papers emovol.	No.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause per ED BY: ITE CAUSE (a)	line far io), (b), and	7. 7	and certains	Vent. Films	lotai	BETWEEN	MATE INTERVAL ONSET AND DEATH
by the attending ase remove corb a), cremotion, or r other troumatic	X 11 11	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b)	R AS A CONSEQUE	30	sty Rivers			12	genn
n signed Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TO	a
hos been the permit.	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X		WERE FINDING CAUSES	
ertificate riol-transi ental Hygi tern 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT 1 OR PART 2)	
ottendur fier this as the bu th and M orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY REET FACTORY OFFICE, F.	ARM ETC)	ZII LOCATION	CITY OR TO	0 Q	COUNTY	STATE
CTOR. A lfor use of Heoli		22a. I certify that (1) this hosp saw the deceased alive a abave, (1)			_	that in (my) (our) opinion (deoth occurred an the de	ote and have o	and fram the	tha (1) we) last causes stated
y the had detached tote Dept tote Dept		22b. SIGNATURE	2.1	aufnu		ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED
etained by t		Dr. Robert L	. Kaufma			804 Toll Hou	ise Ave., Fi	rederio	ek, Md	21.701
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	Feb 5,			emetery or crematory vet Cemetery	23d LOCATION CITY OF TOWN Frederic			
MH - 16 60M 7/84 (VRA 15, 4)	24 FI	Smith, Keeney	and bas	ford opening	ral rick.	lome	O 7 1985	25b. REGISTRA	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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60		6711.00		

- STATE REGISTRA	R			CERTIF	ICATE OF DEATH	Н	REG. NO.			
I. DECEASED NA	ME FIRST		MIDDLE	ì	AST	20			AY YEAR	2b HOUR
(TYPE OR PRINT)	Anna	M	argaret		HAHN		February	15,	1985	а.м
3 SEX		4. RACE		5. DATE O			AGE (IN YEARS LAST BIRTH		FUNDER 1 YEAR	IF UNDER 24 HRS
Fem	ale	Whit	е	Mar	sh 21,185	97	87	YRS.	ONTHS DAYS	HOURS MIN.
70. BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	10 0	BALTIMORE CITY OR	COUNTY		
Mary	land	U.S	.A.	WIDOWE	DIVORCE	D	rederick	Cou	nty,	MD
Prede		(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET OOK LAWN	ADDRESS)	or other institution than the state of the s	DN 12	USUAL OCCUPATIO YPE OF WORK FOR MOST OF YOUR BE		12b. KIND OI INDUSTRY	F BUSINESS OR
USUAL RESIDENT 130. STATE Maryla:	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Preder	N .	138. INSIDECITY LIM YES 🔼 NO [AITS? 13	street address / B20 Brook	zip code Lawn	Apts.	. 21701
14. FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAID		- MIDDLE		LAS	1 3
Wi	lliam	A .	Hahn		Mai	_	Alber		Hôl	
160 WAS DECEA	SED EVER IN U.S. A	RMED FORCES?	220-44-		York.	nn B. Pa.	Groomes,	s 120	Merio	on Road
18 CAUSE PART 1.	OF DEATH (Enter of DEATH WAS CAUS IMMEDIA	SED BY: ATE CAUSE (0)	R AS A SONSEOUE	ion	arren	4				mate interval onset and death w Mt.
gave rise	s, if ony, which to immediate o), stoting the g couse lost.	(b)	11 10 1 10	now	y ar	hen	drieno		Jene	relyeas
	HER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR COND	ITION GIVE	N IN PART 110).
€ (16)	who 1	alue c	Wislane	-	Mypeus		Mi	201 15 455	WEDE EN ID II	100 11000
PATE OF THE CATION OF THE CATI	OF OPERATION	196. COSD	acture	DEF	Alusea	(neca	20a AUTOPSY?		WERE FINDING CAUSES	
OR CONTRAIN	NT WAS UNDERLYING UTING CAUSE OF DI		MONTH DA	AY YEAR	21 HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PA	R1 1 OR PAR1 2}	
(# EITHER 21d IN JUR WHILE AT WORK	OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM EIC)	211 LOCATION STREET		CITY OR TOW	и	COUNTY	STATE
22a.1 certif	y that (1) (this hosp ne'deceosed alive o , (1) (we) (did) did n	n // · /	26 19.0	U	nd that in (my) (aux) o	7) opinion deo	, to th occurred on the dot			that (I) (we) lost couses stoted
22b. SIGNA	TURE	nov	ller				MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE:	SIGNED 18/85
0.000	CIAN'S NAME IN		I.D.		12e. ADDRESS	Chur	ch St. F	rede	rick.	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

-tronsit permit.

MACQUANT: If Item 21 is marked should be detached for use as the with the State Dept. of Health and TO FUNERAL DIRECTOR: After

236 BURIAL CREMATION, CEMOVAL

231 NAME OF CEMETERY OR CREMATORY

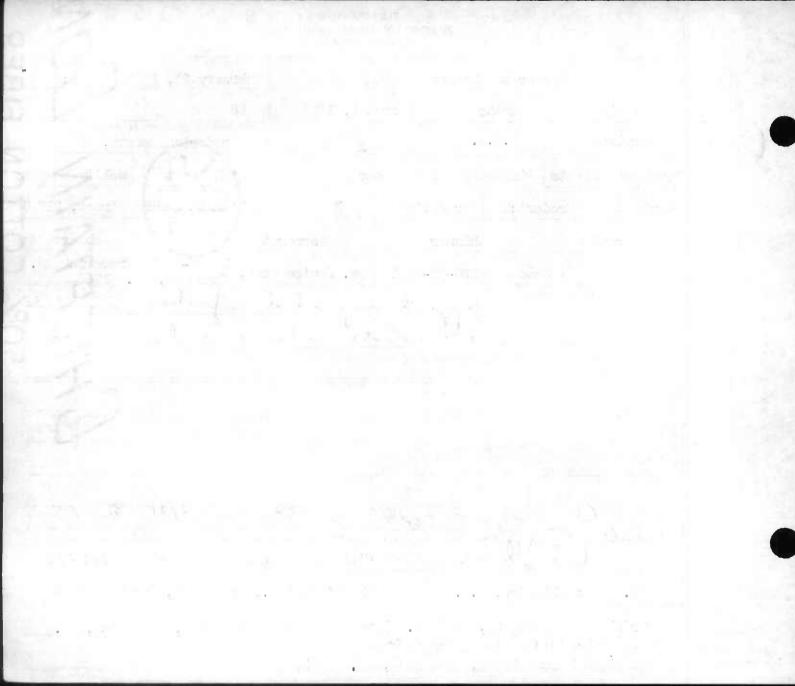
Frederick Frederick Md.

Mt. Olivet Cometery

23b. DATE

THE SECOND OF THE SECOND SECON The Section of the contract and the section of the first fairs on the extent of the statement described anded do to regard galact . and. · The state of the

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	ed (in	
		CEASED NAME FIRS	ī	MIDDLE	i	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR A
	(118)	OK PRINT]	largaret	Eleanor	HAUVE	R	February 21,	1985	1:00 M
	3. SE		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
		Female	Whit	e	Marc	h 4, 0 1896 AR	88	MONTHS DAYS	HOURS MIN.
36	7a. B	RTHPLACE (STATE OR FOREIG	76 CITIZEN OF U.S.	what country?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY <u>OR</u> COL Frederick		MD
90		addock Height	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Ona NURSI	ADDRESS).	or other institution	120 USUAL OCCUPATION (IXPE OF WORK OR MOST OF WORK Rental Agent	ING LIFE) INDUSTRY	ty Compar
36	130	AL RESIDENCE (IF NURSING HO STATE Tyland P1	ome or other institution COUNTY rederick	GIVE RESIDENCE BEFORE	N.	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP 0	cope cond Stre	et, 2170
Muer	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			T-12-
10		Joseph		Whisner		Margare	t MIDDLE	Le	bherz
medicol	1	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y NO	S. ARMED FORCES? ES. GIVE WAR OR DATES) None	220-30-9		17 INFORMANT		old Frede	
ny injury, or ather troume	CERTIFICATION	Conditions, if any, white gove rise to immedia couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICATION.	DUE TO, O	OR AS A CONSEQUE	DEATH BUT		INAL DISEASE OR CONDITION Troe AUTOPSY? 1206.	N GIVEN IN PART 1	
ows an	TIFIC	DATE OF OFERATION	170 COND	MION FOR WHICH	OFERATIO	N WAS FERI ORMED	YES NOW INC	ERTIFYING CAUSE	S OF DEATH?
d 2	_	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX-	OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
TKed of	MEDICAL	21d INJURY OCCURRED WHILE ON OT WHILE OF WORK	CAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	214 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
n 21 is mo		220.1 certify the (1) this saw the deceased of above (1) (we) (glid) (c	() ()	-			, ta	d hour and from the	, that (1) (we) lost e couses stoted
ANT: If Hen		22b. SIGNATURE	Jellya	lies		PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	7/	22/85
IMPORTAN		Dr. Wayne		M.D.		22e ADDRESS 610 Minth Ave	., Brunswick,	Maryland	21716
≤		BURIAL, CREMATION, REMO		1985 Mt		emetery or crematory vet Cemetery		rederick	
7/B4	24 F	Smith, Keene	ey and Bas	ford APune	ral h	ome	E REC'D. BY REGISTRAR 256. RE	:GISTRAR'S SIGNA	TURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical enaminer may be rothled to the.
DIVISION OF VITAL RECOR	TO HOSPITAL OR ATTENDING PHYSICIAN: The low receined by the hospital or attending physicion.	. After this certificate has been use os the burial-transit permit. I ealth and Mental Hygiene prior	s morked or Item 18 shows any ii
•	TO HOSPITAL OR ATTEN	TO FUNERAL DIRECTOR should be detoched for u with the State Dept. of He	IMPORTANT: If Item 21 is

STATE OF MARYLAND FOR DEP

ARTMENT OF HEALTH AND MENTAL HYG	IENE 3		0	7	6	1	
CERTIFICATE OF DEATH		REG. NO.	0	5	2	3	-
LAST	2- DATE OF F	CATH W	ONITAL	DA	v v	EAD	0.6

	RE							REG			
	DECE A	ASED NAME	FIRST	/	MIDDLE	LA	AST	2a. DATE OF DEATH	H MONTH	DAY YEAR	26. HOUR
	(TIPE OR I		RAINI	3	(none)	HI	IL	37	Feb :	5 85	645
3.	SEX			4 RACE		5. DATE O	FBIRTH	6 AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 I
		Male		Blac	ck	Oct	. 7. 1915	69	_	MONTHS DATS	NOURS A
70	a. BIRTH	HPLACE (STATE OR F	OREIGN	7b. CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	217
2	M	aryland		U.	S.	WIDOWE		Free	derick		
10	0 CITY	OR TOWN OPT	701		HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS
7		rederic			rick M		1 Hospital	Bar	rber		ggg
J.	30. STA		13b. COUN	TY	13c CITY OR TO	JAMIN OT	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			217
1	_	ryland	Fred	derick	Frede	rick	YES NO		All Sa	ints S	st.
	f. FAIHI	ER'S NAME FIRST	A	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		tAS	1
-		Weldon			Hill		Rosa	ADI	(un	known)	
1 10	(YES		(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SE		17 INFORMANT				
		No	No)	219-20	0-2916	Alfred Hi]	ll, Chica	ago, I	llinoi	
	18	PART I. DEATH W	H (Enter onl	y one couse per OBY:	line for 101, 161,	ond ici.1	. 0.1.		- 1	BETWEEN	MATÉ INTERVAL ONSET AND DE
				E CAUSE (o)		war	o quirre	nary	ai jur.	9	
				DUE TO, OI	R AS A CONSEC	DUENCT OF	2/1-22	2		1	111
		Conditions, if ony,		DUE TO, OI	r as a conseg	DUENG OF E	eumoni	a		14	3/4
	9	ove rise to imm	nediote g the	(b)_	R AS A CONSEG	MAG	eumon,	110	1. 1 '	14	3/4
	9	gove rise to imn	nediote g the	(b)_		MAG	debilita	ted con	Lition	14	3(4
	g cr u	gove rise to immouse (a), statin inderlying couse	nediote g the lost.	(b) DUE TO, OI	R AS A CONSEG	PNE QUENCE OF	debilita NOT RELATED TO THE TERM	ted Con	dition GIV	I LU	3/4
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2	g cr u	gove rise to immouse (o), stolin inderlying couse ART 2. OTHER SIGN DATE OF OPERA	nediote g the lost.	DUE TO, OI (c)ONDITIONS CC	ONTRIBUTING THE	PNE QUENCE OF WILC O DEATH BUT I	debilita NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S	NGS USED
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7	WEDICAL CERTIFICATION MEDICAL CERTIFICATION 727 727 727 727 728 808 808 808	ONE TISE TO IMPROVE THE RESIDENT WAS UNKERNELLE WORK AT WORK A	METANT C ION WERLYING AUSE OF DEAT CALEXAMINER; WED WELD WE	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A P.I 21e. PLACE ((AT HOME, STR) view the body	DNTRIBUTING TO	DAY YEAR 19 35. on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET D. 19 95 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	ZOO AUTOPSY? YES NO E RED (ENTER NATURE OF I CITY OF	20b. IF YES IN CERTIF YES IN CERTIF YES OTHER TOWN	COUNTY	STATE those (we)

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DHMH - 16 50M 4/B3 (VRA 15, 4)

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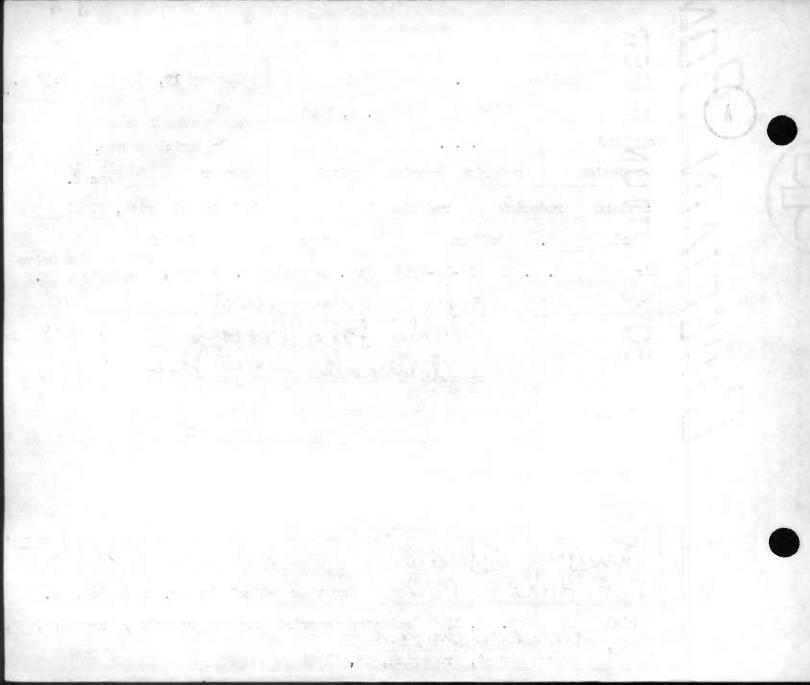
		FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL H	REG. NO.		
-		EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONT		2b HOUR
	3. SEX	Carl	ton E.	J. DATE O	FMAN	February 12		IF UNDER 24 HRS
		Male	White	MONT		67	MONTHS DATS	HOURS MIN.
6	-	THPLACE (STATE OR FOREIGN aryland	76 CITIZEN OF WHAT COUNTY U.S.A.	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO		MD.
4		Prederick	11. NAME OF HOSPITAL, N THE NOTAN SUCH FACILITY, SHE TOO TICK ME	URSING HOME OF	OR OTHER INSTITUTION	120 USUAL OCCUPATION THE SET WORK FOR MOST OF WOR	12b. KIND	of Business or
4	13a. S	Maryland Fre	NTY 13c CITY OR		134 INSIDE CITY LIMITS	295 Pin Oak	code Drive, 21	.701
1	14. FA	Carl E	. Hoffman LAS	ī	Effie	Minni	ck	.51
1		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL 217-18	-7996	Mrs. Cather	ADDRESS ine C. Hoffman,	Frederi	Oak Drive ck, Md.
	NO	Conditions, if ony, which gave rise to immediate couse tol, stating the underlying couse lost	(b) DUE TO, OR AS A COM	1 Lu	June 1	Proteins State of Condition	e /	415
2	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSE: YES [
2		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		270. I certify that (I) (this hosp saw the deceased alive or obove. (I) (we) (did) (did in 27b. SIGNATURE		.19, or	DEGREE	on death occurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the	

Frederick, Md.

Resthaven Memorial
Feb. 15 Resthaven Memorial
Feb. 16 Feb. 16 Feb. 16 Feb. 17 Feb.

DHMH - 16 60M 7/84

(VRA 15, 4)



FOR STATE REGISTRAR

STATE OF MARYLAND	35
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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	REGISTRAR					REG. N			
	ECEASED NAME FIRST		MIDDLE	LA	AST	20. DATE OF DEATH		YEAR 26. H	
	Si	ster Virg	inia Kelle	ey		Feb. 11,	1905	2:	00
3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		DAYS HOUR	DER 24
	Female	Whit	е	Jan	1. 10, 1965	80	YRS	DATS	
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED TO	9 BALTIMORE CITY O		ATH	
	Md.	U.S.		WIDOWED	DI DIVORCED	Frederic			
1/1	mitsburg	(IF NOT IN SU	ICH FACILITY, GIVE STREET A	ADDRESS)	nitsburg, Md.	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INE	KIND OF BUS DUSTRY trs.of	-
		ME OR OTHER INSTITUTIO OUNTY ederick	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Emmitsour	N I	134. INSIDE CITY LIMITS?	333 S. Se	ton Aveni	2/7	2
J/J HLE	ATHER'S NAME Thomas Kelle	MIDDLE	LAST	0	15 MOTHER'S MAIDEN NA	me ces Hook		LAST	
	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDRE	SS		
/	(YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	215-54-42	241 M	Sr. Josephin	e-Villa St.	Michael,	Emmits	bu
/	18. CAUSE OF DEATH (Ent	er only one cause no						APPROXIMATE IN	_
Z O	PART 2. OTHER SIGNIFICA	(0)	CONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
CERTIFICATION	190 DATE OF OPERATION	196. CONE	DITION FOR WHICH (OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING YES	CAUSES OF DE	
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2)	
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	vn cou	JNTY	STAT
	220.1 certify that (I) (this I saw the deceased aliv abave, (I) (wey(did) (d	e on	19_		d that in (my) (our) opinion	to deoth accurred on the do	ate and hour ond f		state
	22b. SIGNATURE	la 1	Laud	WM		MEDICAL STAR	F _ 1	1 Feb 8	
	and principles up by the				AS ADDESO				
†	22d. PHYSICIAN'S NAME (T		1		22e ADDRESS	Emmitchuse	MD 217	27	ij,
730		roll, M. I			S. Seton Ave.	Emmitsburg	, MD 217	27	

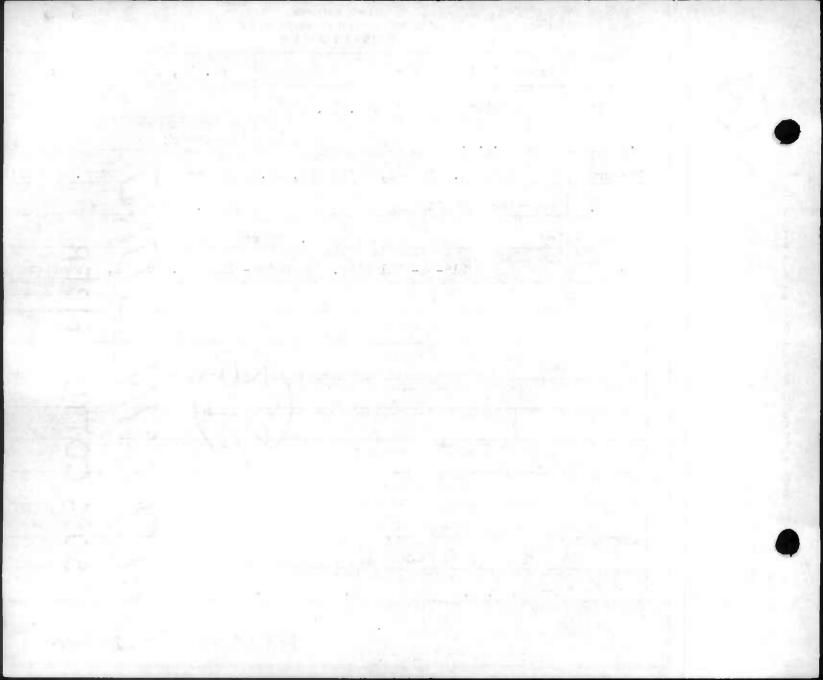
DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

Burial | 14 Feb 85 | St. Joseph's

14 FUNERAL DIRECTOR
Skiles Funeral Home, Emmitsburg, MD 21727

Batter 1988 Strak M. REGISTRAR'S STOPALINE



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distributed be defached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

JAPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical exem

must be notified at and

STATE OF MARYLAND

FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH		h. HOUR
(TYPE OR PRINT) DANI	EL AMO	s K	LINE	2	28 85	6 P1
3. SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)		F UNDER 24 HRS
	T71. 2 + -	MONT		101 v	MONTHS DAYS F	HOURS MIN.
Male 7a BIRTHPLACE (STATE OR FOREIGN	White	COUNTRY		1. BALTIMORE CITY OR COL		
COUNTRY)		MARRI	ED NEVER MARRIED			3
Maryland	U.S.A.			Frederick 120 USUAL OCCUPATION	12b, KIND OF I	RUSINESSOE
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS]	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORK		003114233 01
Braddock, Hts.		Nursing Hom		Farmer	Farming	5
USUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RICOUNTY 134.	ESIDENCE BEFORE ADMISSION	1) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
		rederick	YES X NO	Rt.#10 Fred.2	1701	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	1241	
FIRST	linton	Kl ⁱ ne	Julieann	WIDDLE	Shankle	e
Daniel C		OCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES]		W Cha	nger 8511 Ladd	inC+ Walk	Md
no		2-50-8741	Margaret Ste	nger oll Laud	APPROXIMA	ATE INTERVAL
18 CAUSE OF DEATH (En	ter anly ane cause per line for	ar (a), (b), and (c).)		1		
	EDIATE CAUSE (o)	sugainer	nonary our	(2)	Inne	DIATE
underlying cause to	te he DUE TO, OR AS A	A CONSEQUENCE OF	UT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)	~ <i>y</i>
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN			ON WAS PERFORMED		IF YES, WERE FINDING CERTIFYING CAUSES O YES ====================================	
OR CONTRIBUTION CALLES	OF DEATH HOUR A.M.		R	THE TENTE OF THE T		
(IF EITHER, NOTIFY MEDICAL EXA	21e. PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE [AT HOME, STREET, FA	CORT, OFFICE, PARM, ETC.)	- 1	2/200		
220.1 certify that (1) (this saw the deceased al	Alleaun	26 19 85, deoth.	DEGREE ATTENDING PHYSICIAN 2 224 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	
230. BURIAL, CREMATION, REM	OVAL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
Burial	Mar.4,198	35 Mt. Oli	vet Cem.	Frederick	Fred.	Md.

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR

ACCRESS

Douglas Stauffer 1621 Opossumtown Pk. Fred

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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tal or otherding physician.	OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page	ar use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filed within 72 hours after deat	Constant Assessed Hearing assessed by the House
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE LAST 2a DATE OF DEATH FIRST 26 HOUR TYPE OR PRINT ABNER LUTHER KNOWLES February 27, 1985 3:57A M AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH IF LINDER I YEAR MONTH YEAR Male Caucasian November 9. 1898 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY WIDOWED DIVORCED | Frederick, Virginia ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salesman/Owner Real Estate Co. Frederick Homewood Retirement Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Route #1 21701 Mt Pleasant YES | NO X Maruland Frederick 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Albright A. James Knowles Nina ADDRESS 1308 W. 7th St. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST LYES NO OR UNKNOWN) Mrs. Elizabeth K. Hale Frederick, Md. 21701 213-24-8967 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 2 year IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (FINER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ö CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from, 2-25saw the deceased alive an above, (1) (we) (did) (did not) view the bady after death.

DEGREE

MEDICAL ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

_, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

Rex Martin, MD

Olivet Cemetery

20 North Market St. Frederick, Md. 21701

23a. BURIAL CREMATION, REMOVAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Frederick, Frederick,

MPORTANT.

should be detached with the State Dept.

FUNERAL

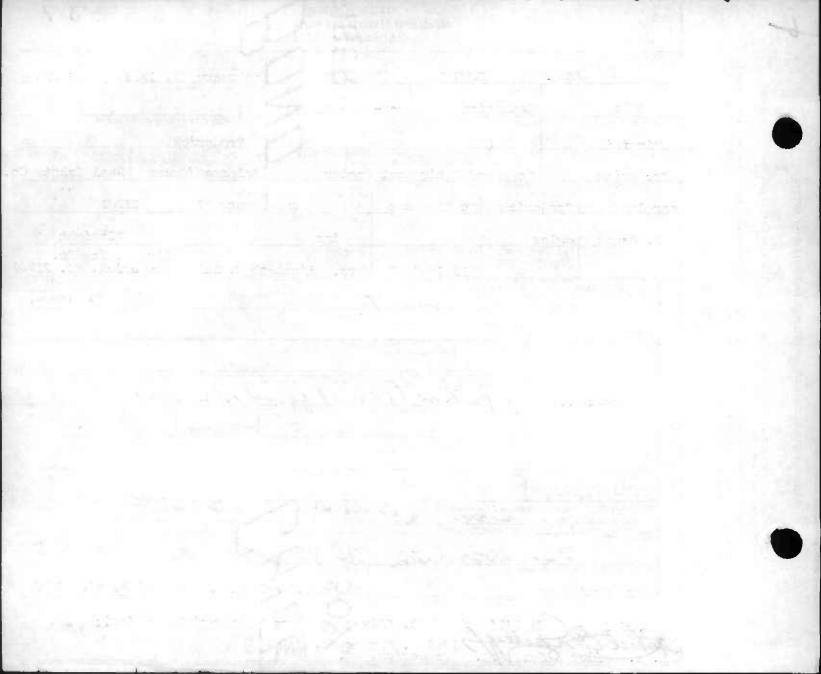
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DHMH - 16 50M 4/83 (VRA 15, 4)

22h. SIGNATURE

1201s N. Market St. Frederick, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S ST



6561, 1239 Telles de la laction de laction de laction de laction de la laction de lactio SASOVICE TO THE STATE OF THE ST - Livery days.

FIRST

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH LAST 2b. HOUR 1985 **FEBRUARY** 9 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS October 7,1918 66 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick, County 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Laborer Steelworker 13. STREET ADDRESS 401 W. Main St. 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE Phoebe Moffet ADDRESS 17. INFORMANT Rue Rothermel, R.D.#2 Selingsgrove APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX NO F

VAS CAUSED IMMEDIATE	CAUSE (0) Cardio-respisation arrest	instant
, which	DUE TO, OR AS A CONSEQUENCE OF COLLEGE Conditional of Bris	www
mediate ng the last.	DUE TO, OR AS A CONSEQUENCE OF	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OF TOWN COUNTY STATE

and that in (aur) apinian death accurred an the date and hour and from the causes stated

22c. DATE SIGNED MEDICAL ATTENDING Feb 85

22e. ADDRESS S. Seton Ave. Emmitsburg, MD 21727

23d. LOCATION

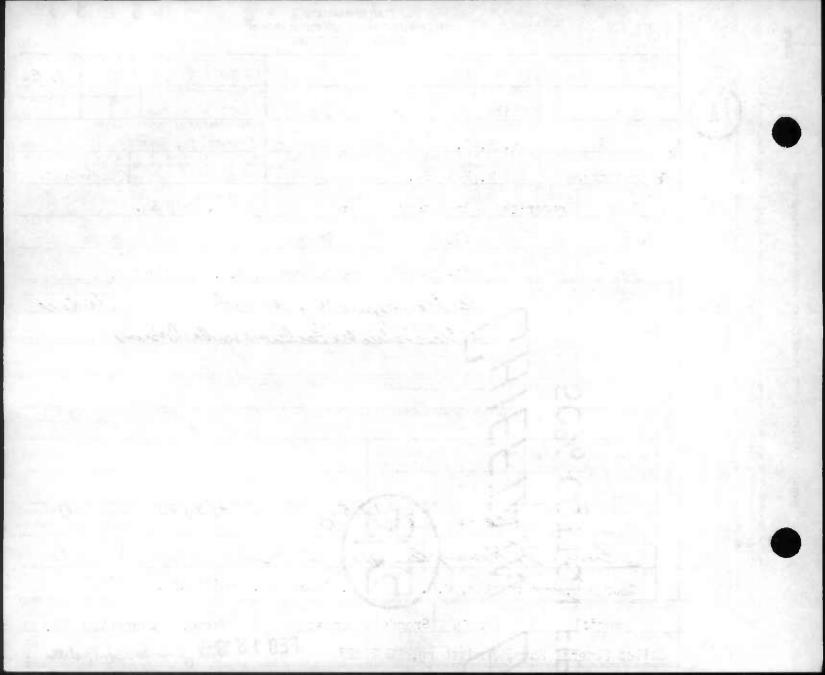
24. FUNERAL DIRECTOR Skiles Funeral Home, Emmitsburg, MD 21727

MIDDLE

Saxton Bedford

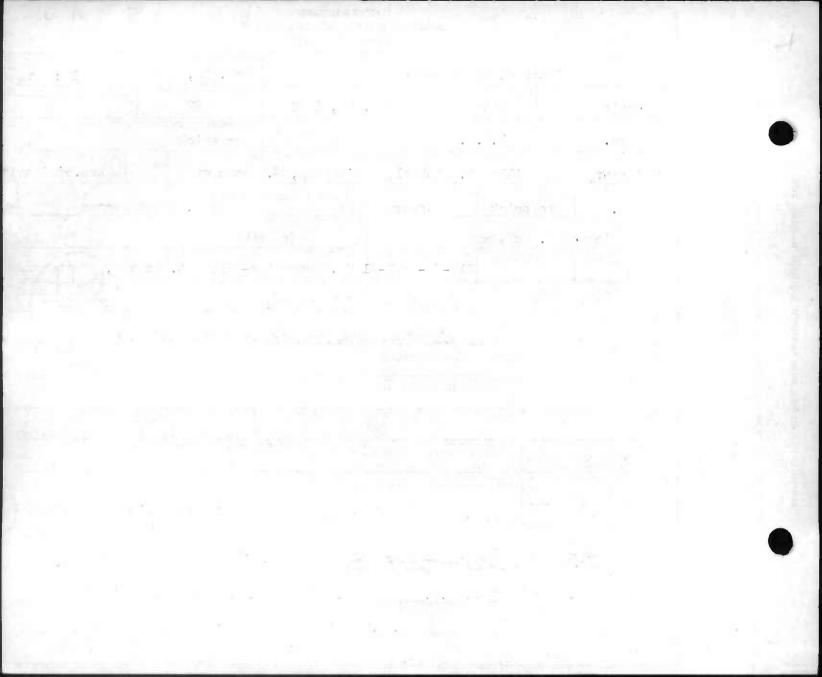
DHMH - 16 50M 4/R2

(VRA 15, 4)



DHMH - 16 60M 7/73 (VR A 15 (4))

	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT		ENE S	0 5	2	4 0
		CEASED NAME OR PRINT)	FIRST	om Tuet	McNamar		LAST		e. DAIL OF DEATH	MONTH DAY	YEAR	26. HOUR
	3 SE	v	5150	4 RACE	a McMamar	5. DATE O	OF AIRTH		Feb. 24,		NDER 1 YEAR	L2:08 am
	3 JE.	Female		White	9	Sept	. 25°, 189°	EAR	92	MON		HOURS MIN
2	70. BIRTHPLACE (STATE OR FOREIG COUNTRY)			N 76 CITIZEN OF WHAT COUNTRY?			D NEVER MARRI	ED 4	BALTIMORE CITY OF Frederick	DEATH		
1	TO CITY OR TOWN OF DEATH Emmitsburg			Villa	HOSPITAL, NURSING HEACILITY, GIVE STREET MICHA	IG HOME C	mmitsburg	ON	120 USUAL OCCUPATION OF WORK FOR MOST OF TEACHER	WORKING LIFE)	126 KIND C INDUSTRY Dgtrs	of Char
5	USU. 13a S	AL RESIDENCE (IF NURS STATE Md.	13b. COUN	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIA		333 S.	Seton A	venue	172
1	14 FA	ATHER'S NAME FIRST Michae	el D.	McNamai	CAST		15. MOTHER'S MAIL	da We	Pp WIDDLE		1AS	57
	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	219-54-0		17 INFORMANT		ADDRE e-Villa St		l, Em	mitsburg
	NO	Canditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediote g the last.	(b)(DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E	nce of			verculas /		IN PART 1((a)
7	CERTIFICATION	190. DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES ▼ NO□	20b. IF YES, WIN CERTIFYING	G CAUSES	
7	-	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	TH HOUR A.	ME OF INJURY R. A.M. MONTH DAY YEAR P.M. 19			OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)		
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO		21e. PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TOW	N (COUNTY	STATE
		22a. I certify the () (this hospital) attended the deceased from 97 . 19									d from the	that (1) we) lost couses stated
		226. SIGNATURE DEGREE ATTENDING AMEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 224 Feb. 85										
		George L	. Mor	ningsta			S. Seto		e. Emmitsbu	rg. MD	21727	7
	23a. B	BURIAL, CREMATION, I		23b. DATE			EMETERY OR CREMA	ATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE
	24.5	Buria]	26 Feb	85 S	t. Jo	seph's		Emmitsbur			
		Skiles Fund	eral	Home, Er	nmitsburg	. MD		EB P	REC'D. BY REGISTRAR	Bb REGISTRAR		URB



DIVISION OF VITAL RECORDS, 201 W. TRESTON ST., BALLIMORE, MARITAND 21201	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical extransfernes be formed by ande.
	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director. should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours ofter with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 m retained by the hospital or attending physician.	

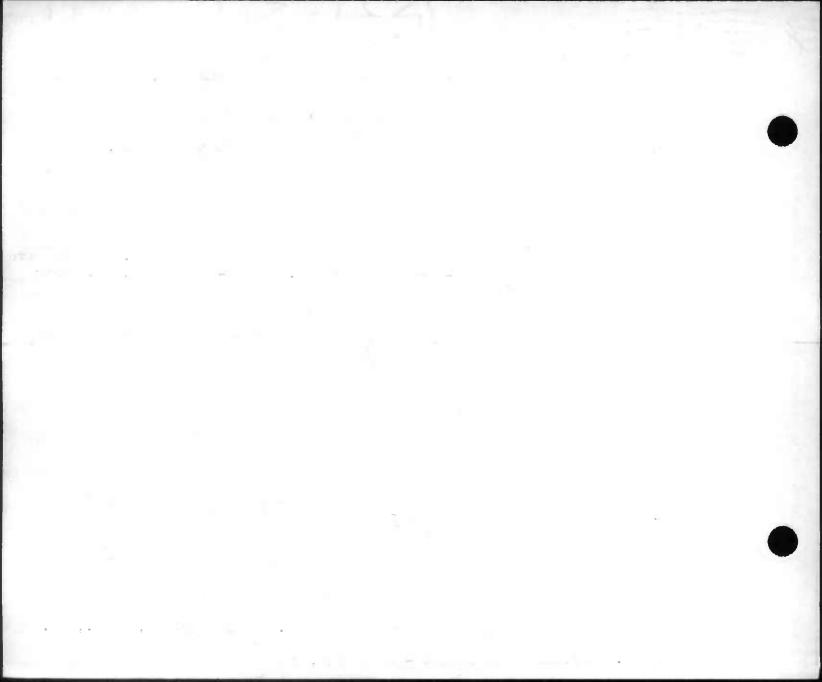
STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIEI	NE S	0	5 2	
١		CEASED NAME	FIRST		AIDDLE	í	AST	2		MONTH	DAY YEAR	26 HOUR
ı	(11PE	OR PRINT)	Ralpl	h L	incoln	1	loore		February	16,	1985	5:47Am
ı	3. SEX	K		4 RACE		5. DATE C		6.	AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DAY	
Į		Male		White		Octo	ber 20, 19	09	75	YRS	MONTHS DAY	S HOURS MIN.
4	7a. 81	RTHPLACE (STATE (OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	0	BALTIMORE CITY O		Y OF DEATH	
J		Maryland	1	USA		WIDOWE		n l	Frederick	Con	ntse	MD
1		TY OR TOWN OF D		11. NAME OF H		RSING HOME C	OR OTHER INSTITUTION		2a USUAL OCCUPATION	NC	176 KIND	OF BUSINESS OR
1	Fr	ederick			rick K		Hospital	(Type of work for most of Brakeman	WORKING	Rai	lroad
1	JUSU A	AL RESIDENCE (FN	URSING HOME OF	OTHER INSTITUTION		EFORE AOMISSION)		o 10	CIPET ADDRESS	710 000		
		arvland		derick		swick	13d. INSIDE CITY LIMITS	5? 13	25 North			ve/21716
1		THER'S NAME				DWZOZ	15 MOTHER'S MAIDEN	NAME				
1		Robert		Frank	Moo	re	Ila		Lois			ong
1		VAS DECEASED EV	ER IN U.S. AR		166 SOCIAL S		17_INFORMANT			SS 25		rginia Av
ı	(4	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-03	-3734	Elsie M.	Mod	ore - Brun			
١		18 CAUSE OF DE	ATH (Enter on	ly one couse per			>		2:			DXIMATE INTERVAL N ONSET AND DEATH
ı		PART I. DEATH	WASCAUSE	D BY: TE CAUSE (0)	10	IDDE	W DE	A	11			
		Conditions, if a gove rise to i couse (a), staunderlying cou	mmediate sting the	(b)		OUENCE OF	4 PTGKE .		BUUD.	WE 4	era 1	willy
	CERTIFICATION	PART 2 OTHER SI					NOT RELATED TO THE TI	ERMIN	20a AUTOPSY?	20h IF Y	ES, WERE FIND IFYING CAUSI	DINGS USED ES OF DEATH?
9	ERT	71a. ACCIDENT WAS I	UNDERLYING [7 216. TIME O	F INJURY		21c HOW INJURY OCC	LIRREL	YES NOW	1	PART LOR PART 21	NO []
1		OR CONTRIBUTING	_	CIN .		DAY YEAR			The state of the s			
	MEDICAL	(IF EITHER NOTIFY M		21e PLACE (19	211. LOCATION				-	
ı	ME	WHILE NOT	WHILE	(AT HOME STR	EET FACTORY OFF	ICE FARM ETC)	STREET		CITY OR TOY	VN	COUNTY	STATE
1		220.1 certify that	(I) (this boson	tal) attended the	decensed Iro	nm.	10	76	1 2 1	3	10 85	that (1) (we) last
ı		sow the dece	osed alive an	2.	13	2	id that in (my) (our) opin	non dec	oth occurred on the do	te and ha	out and from th	
ı		22b. SIGNATURE	(did no	t view the body	ofter death		DEGREE		1		77c DA1	E SIGNED
		(0)	ny/	2			ATTENDING PHYSICIAN		MEDICAL STAF		2	18.85
		22d. PHYSICIANIS	J R	2A	he	0	100 LONG	HEA.	Dow Drug	- 4/2	26 RUS 76	uno
		URIAL, CREMATIO	N, REMOVAL	236 DATE	2	3c NAME OF C	EMETERY OR CREMATO	RY	23d LOCATION	1	1000	STATE
1	98	Burial		2/19/	85	Union (Chapel Cem.		Libertyt	own.	Fred	
1	24. FU	INERAL DIRECTOR							EC'D. BY MAGISTINAM		RAR'S SAME	delic

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

John T. Williams Funeral Home - Brunswick MAR 08 195



		FOR STATE REGISTRAR				AENT OF H	EALTH ANI	MENTAL HY		G. NO.	2		62.79
death a		CEASED NAME E OR PRINT)	Zussel		MIDDLE	0	arl		Februa:		1985	2b H	OUR 22P
offer pr	3 SE	x Male		4. RACE Wla	ite	5. DATE (F BIRTH	190'4"	6 AGE (IN YEARS L	AST BIRTHDAY)		DATS HOUR	DER 24 HR
36		IRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE		R MARRIED DI	9 BALTIMORE C	1.73	NTY OF DEA		
64	A .	ITY OR TOWN OF DE Frederick	ATH	11. NAME OF (IF NOT IN SUC Free	HOSPITAL, NURSIN CH FACILITY, GIVE STREET CHEROLOGY	G HOME	OR OTHER IN	ISTITUTION	17a USUAL OCCI	MOST OF WORKIN	GLIFET INDU	IND OF BUSI	
犯	13e.	AL RESIDENCE FIF NUR STATE aryland	13h COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	N	13d. INSIDE	CITY LIMITS?	13e STREET ADDR 4235 A:	ESS / ZIP CO	ope hurch l	Rd., 2	2170:
100	14 F	ATHER'S NAME PARST Dani		MIDDLE	Pearlr		15 MOTHE	R'S MAIDEN NA	AME MID	DIE		Hall	er
Poper Peges Peges		WAS DECEASED EVER YES NO OR UNKNOWN)		E WAR OR DATES)	220-09-8				C. Worm?			. Md .	2170
by the other lose remarker, al. cremation, r other troum		Canditions, if ony gave rise to im couse (a), stati underlying cause	mediate ng the	(b)_	R AS A CONSEOUE								
hen pleas to burial.	NO.	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATI	ED TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN PA	RT 110	
7	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	FORMED	200 AUTOPSY	IN CE	YES, WERE F RTIFYING CA YES		EATH?
19 H		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A.	DE INJURY M. MONTH DA	Y YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	18 PART I OR PA		
the but	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE		ARM ETC)	21f LOCAT	NIA	Cifv	ORTOWN	COUN	IŁA	STATE
of Health		220 I certify that (1)	prigative on	2/2	24 19			y) (our) opinion	death occurred on	24 the date and		m the couses	
detacher state Dep		27b. SIGNATURE	fap	Lekor	_		DEGREE		DIRECTOR P	STAFF HYSICIAN []	226	Z/Z4/	185
should be det with the Stote		22d PHYSICAN'S N	phas	Son	MO		22. ADDRI	17th St,	Frederick	, MO	21,	701	
	23a	BURIAL, CREMATION,		23b. DATE Seb 27				Cemeter	y Freder		rederi	ick. M	d STATE

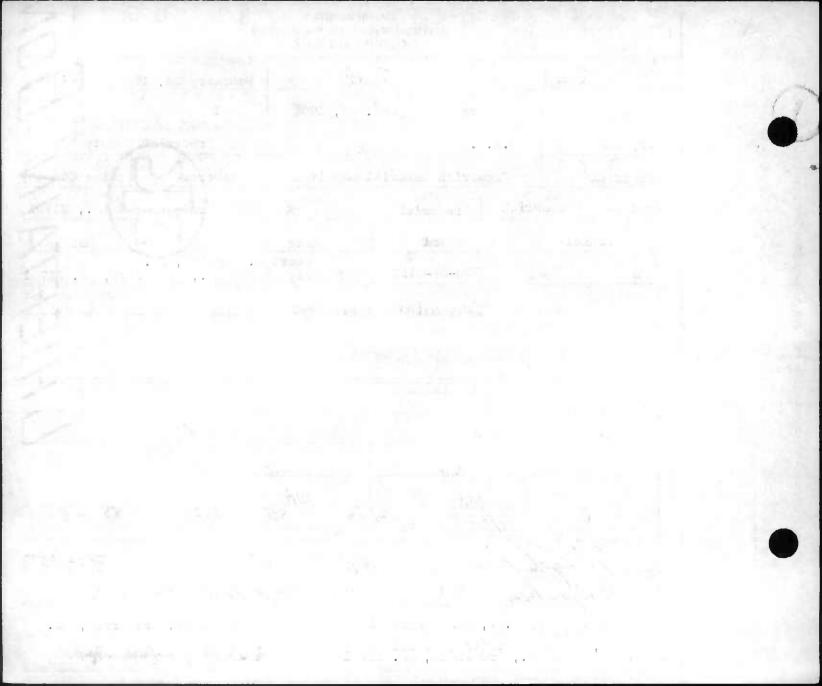
DHMH - 16 60M 7/84

(VRA 15, 4)

106 East Church St., Frederick, Md. 21701

Seb, 27, 1985

Mount Olivet Cemetery Frederick, Frederick, Md.



MPORTANT: If He

DHMH - 16 60M 7/84

(VRA 15, 4)

	STATE OF MA
OR	DEPARTMENT OF HEALTH A
TATE	45051614455

REGISTRAR

RYLAND AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. N				
PETRUZZELLO	2a. DATE OF DEATH	2	15	85	26 HOUR P
	1 105		10.110	050 1 45 - 0	16 110 10 CD 2

1. DECEASED NAME FIRST (TYPE OR PRINT) TEAN	ELLEN PETR	UZZELLO	20. DATE OF DEATH MONT	15 85 11 17 PM				
3 SEX	4. RACE 5. D	ATE OF SIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
FEMALE	WHITE Se	ept. 13, 1941	43	YRS				
7a BIRTHPLACE (STATE ORFOREIGN COUNTRY) Connecticut	I IICA	ARRIED NEVER MARRIED	PREDERICK CO					
10 CITY OR TOWN OF DEATH FREDERICK	11. NAME OF HOSPITAL, NURSING HO		126 USUAL OCCUPATION (TYPE OF WORK FOR MOSL OF WORKING LIFE) INDUSTRY HOUSEWIFE					
13a. STATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS NTY 134, CITY OR TOWN ERICK FREDERICK	13d. INSIDE CITY LIMITS? YES NOXX	13e.STREET ADDRESS / ZIP 9791 CHESTNUT	CODE COURT/21701				
14. FATHER'S NAME FIRST DOMINICK	ABBONDANDOLO	15 MOTHER'S MAIDEN N FANNY	AME MIDDLE	QUATTRO				
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SECURITY 044-34-8435		979T Che Petruzzello, P	estnut Oak Court Frederick,MD.21701				
PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and ic. ED BY: TE CAUSE (a) 12 4 10 6 7 42		esp failur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	ocystis	paromonio	3 w45				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO				
OR CONTRIBUTING CAUSE OF DE	AIH	YEAR 19	JRRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)				
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION	CITY OR TOWN	COUNTY STATE				
22s.1 certify that (1) (this hosp	ital) attended the deceased from 19 0 5	, ond that in (Ap) (aur) opinia	, ta 3/15	nd hour and from the causes stated				

ATTENDING? STAFF PHYSICIAN

AN'S NAME (TYPE OR PRINT) 22e ADDRESS

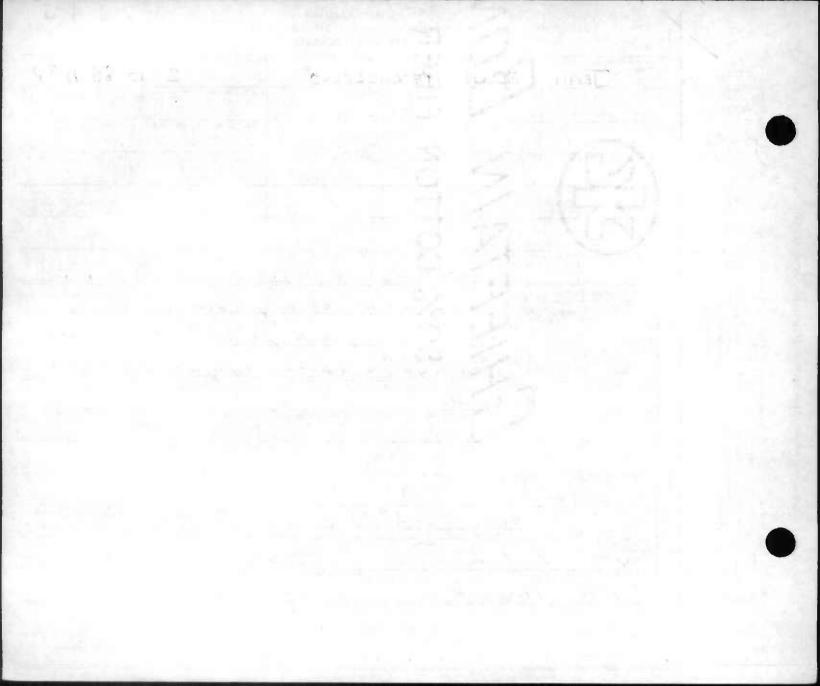
> Secrably. WESC

> > MD

Frederick

20,0009 23d LOCATION
CITY OR TOWN
Frederick 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 2/19/85 Burial Resthaven Mem. Garden

G.Douglas Stauffer, Frederick, MD. 21701



moy be

executed within 24 hours ofter death. Page 4

completely filled in by the funeral director unit should be filed within 72 hours of

must be notified at once.

1 - STATE

STATE OF MA

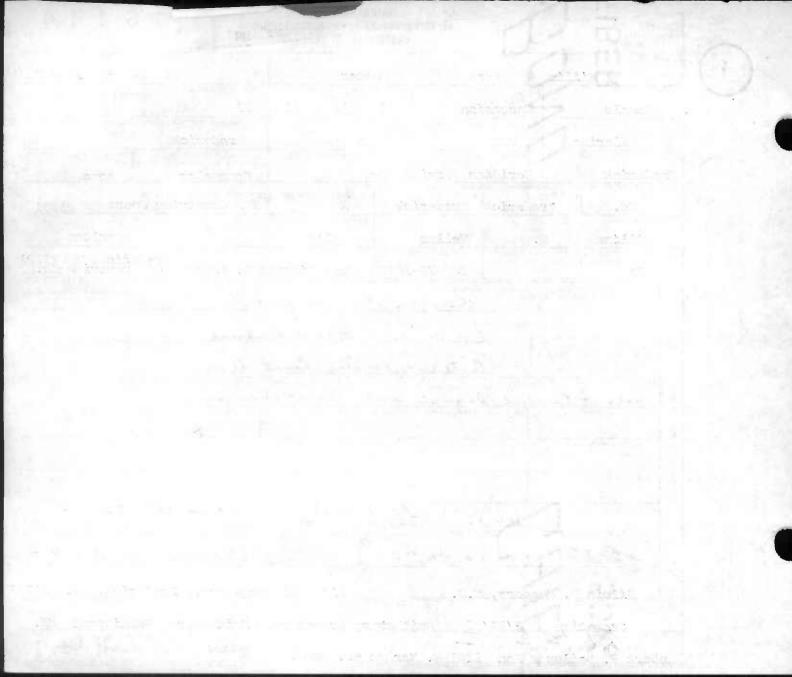
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1. SEX S	REGISTRAR		CERTIFICATE OF DEAT		REG. NO.						
SEX SACE S		MIDDLE	LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR				
S. DATE OF BRITH Caucasion S. DATE OF BRITH Caucasion S. DATE OF BRITH S. DAT		Edna	Potter		02	12 85	2:00 E				
RECEIVED COLORS C				6 AGE (INY							
R. BERNHACE (STATE OF FORECA) The CTIVEN OF WHAT COUNTRY MARRED MODRED Frederick WIDOWED MODRED	Female	Caucasion	05 17	PAR 93	,		HOURS MI				
STATE STAT	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?		8.	9 BALTIMO							
In the content of the properties of the proper		USA		ED U							
DUE TO, OR AS A CONSCOURCE OF CONDITION GOVERNOON OF COUNTY OF COU		11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUT			12b. KIND					
USUAL RESIDENCE (IN NOBLONG OF DIRER MODITUDOS ON RECORDED RECORD MANASCON) 136 STATE Md. Frederick Frederi	Frederick										
Md. Frederick Frederick VES M NO DO Crestview Court 217 FATHER'S NAME MODIE MOD	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	9	HOME	maker	Non	e				
WILLIAM G. WELLES BLIA CATTON Welles Blia Cariton Model Welles Blia Cariton Model Welles Blia Cariton Model Welles Blia Cariton Model Welles Blia Cariton ADDRESS Frederick, Md 2 264-78-2068 Mrs. Vincent L. Ruwet 209 Crestview C Mrs. Vincent L. R	Md. H		ick YES 🕅 NO	□ 209 C			2170				
The Conditions of the part of the course of the part	FIRST		FIRST	DEN NAME	WIDDLE	Carl	ton				
18. CAUSE OF DEATH (Enter only one cause per line 157 o), lb), and ic.) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Lagring of the part o	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECU									
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF OPERATION. Which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE OF OPERATION. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE OPERATION. WAS PERFORMED. 199. DATE OF OPERATION. 199. CONDITION OR WHICH OPERATION WAS PERFORMED. 210. ACCIDENT WAS UNDERLYING. 210. ACCIDENT WAS UNDERLYING. 210. ACCIDENT WAS UNDERLYING. 211. THE OF INJURY. 210. ACCIDENT WAS UNDERLYING. 211. THE OF INJURY. 211. THE OF INJURY. 211. THOSE OF INJURY. P. M. MONTH DAY YEAR 109. MONTH THE OF INJURY IN THE MISS PART I OF PART 2). 211. INDUST OCCURRED. 212. LOCATION. 213. THE PLACE OF INJURY. 214. HOME. SIRRET. FACTORY, OFFICE, FARM ELC.) 215. SIGNATUSE. 216. MONTH THOSE OF OPERATION. 217. DATE OF THE SIGNIED. 218. SIGNATUSE. 219. SIGNATUSE. 210. ACCIDENT WAS UNDERLYING. 210. ACCIDENT WAS UNDERLYING. 211. THOSE OF INJURY. 212. LOCATION. 213. SIGNATUSE. 214. HOME. SIRRET. FACTORY, OFFICE, FARM ELC.) 215. SIGNATUSE. 216. MONTH THOSE OF OPERATION. 217. DATE SIGNED. 218. SIGNATUSE. 219. SIGNATUSE. 210. THOSE OF OPERATION. 210. DEGREE ATTENDING. AMEDICAL STAFF. 211. THOSE OF OPERATION. 213. NAME OF CEMETERY OR CREMATION. 214. DOURS. 315. PLACE OF INJURY. 216. HOW INJURY. 217. DATE SIGNED. 218. SIGNATUSE. 218. SIGNATUSE. 219. DATE SIGNED. 219. SIGNATUSE. 210. DEGREE ATTENDING. 310. DEGREE ATTENDING. 310. CONTINUE OF OPERATION. 311. SIGNATUSE. 313. NAME OF CEMETERY OR CREMATIORY. 214. LOCATION. 215. DATE SIGNED. 216. MONTH THE MISS ACCONDITION OF THE TRAIL THE MISS ACCONDITION. 218. SIGNATUSE. 219. SIGNATUSE. 219. SIGNATUSE. 210. DATE OF THE MISS ACCONDITION. 310. THE OFFICE OF THE MISS ACCONDITION. 311. SIGNATUSE. 314. DATE OF THE MISS ACCONDITION. 315. DATE OF THE MISS			-2068 Mrs. Vi	incent L. R	uwet 20						
DUE TO, OR AS A CONSCIUENCE OF Conditions, if ony, which gove rise to immediate couse (01), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PART 2 OTHER SIGNIFICANT CONDITIONS GIVEN IN PART TIO 198 DATE OF OPERATION 198 CONTRIBUTING OS CON	18. CAUSE OF DEATH (Enter	18. CAUSE OF DEATH (Enter only one cause per line for) a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK [IF EITHER, NOTHY MEDICAL EXAMINER] P.M. 19 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK AT WORK 22d I certify that (I) (this hospital) attended the deceased from Office obove, (k (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DAJE SIGNED 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23d. BURIAL, CREMATION, REMOVAL 23d. BURIAL, CREMATION, REMOVAL 23d. NAME OF CEMETERY OR CREMATORY Cremation 2/13/85 Smithsburg Crematory Smithsburg Washington MONTH DAY TEAK P.M. 19 21l. DCATION STREET CITY OR TOWN COUNTY SI. COUNTY SIL COUNTY COUNTY SIL COUNTY SIL COUNTY COUNTY SIL COUNTY SIL COUNTY COUNTY SIL COUNTY COUNTY SIL COUNTY SIL COUNTY COUNTY COUNTY COUNTY SIL COUNTY CO		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO I	it / terrip	PSY? 20b. IF	YES, WERE FIND	INGS USED				
OR CONTRIBUTING CAUSE OF DEATH OR COUNTY OR	RTIFE			120	NOM	YES 🗌					
270 I certify that (I) (this hospital) attended the deceased fram 10 9 19 85, and that in (my) (our ropinion death occurred an the date and haur and Iram the causes state obove, (I) (me) (did) (did not) view the body after death. 270 SIGNATURE 271 DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	an court nine Court or	DEATH HOUR A.M. MONTH D.	AY YEAR	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I OR PART 2)					
270 I certify that (I) (this hospital) attended the deceased from 19 88, and that in (my) (our ropinion death occurred on the date and haur and Iram the couses state obove. (Is (me) (did) (did not) view the body after death. 272 IS SIGNATURE 272 IS SIGNATURE 272 IS SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	21d INJURY OCCURRED WHILE NOT WHILE DAT WORK	21e. PLACE OF INJURY	211 LOCATION		CITY OR TOWN	COUNTY	STATE				
obove, (b (we) (did) (did not) view the body after death. 272b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	22a I certify that (I) (this ho		a-d- // 1 " "	, to							
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			od and that in (my) (our)	opinion death occurre	d an the date and	haur and Iram the	couses stated				
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S N	22b. SIGNATURE	readors to	and ATTEN			22c. DAJI	-1				
236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STR. Cremation 2/13/85 Smithsburg Crematory Smithsburg Washington M	By										
236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STR. Cremation 2/13/85 Smithsburg Crematory Smithsburg Washington M	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS				-				
(SPECRY) Cremation 2/13/85 Smithsburg Crematory Smithsburg Washington M	7.5			-11 House 7	Fro	dorigh	MA 2				
DICHECTOR I MI I DI	Gilcin F. 1	Meadors, M.D.	810 To			derick,	Md. 2.				
24 FUNERAL DIRECTOR / 12/ 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE	Gilcin F. 1 230. BURIAL, CREMATION, REMOV.	Meadors, M.D. AL 23b. DATE 23c. 1	810 To	ATORY 23d LOCA	TION OR TOWN	COUNTY	STATE				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and costoled be detached for use as the burial-transit permit. Then please remove carban papers. Pagewith the State Dept of Health and Mental Hygene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

completely filled in by the funeral directors of and 2 should be filed within 72 hours of

FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	

CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF DEAT	REG. N	10.			
	CEASED NAME FIRST	MIDDLE	145)	20. DATE OF DEATH	MONTH DAY YEAR 76 HOUR			
(1175)	ANN	Josephine	PRINTZ.	2	13 85 11:5			
3 SEX	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIS				
	F	W		EAR 69	MONTHS DAYS HOURS N			
7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	IED -	OR COUNTY OF DEATH			
1	New york	U.S.A.	WIDOWED DIVORC	11/2200003	rick County			
]	TY OR TOWN OF DEATH Frederick		orial Hospital	CTYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY			
13a. S	aryland Fred	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13C. CITY OR TOW Thurmon	ADMISSION) 13d INSIDE CITY LI YES A NO	MITS? 130.STREET ADDRESS 117 West	/ ZIP CODE Main St., 21788			
14 FA	ather's name first Unk	MIDDLE LAST	15. MOTHER'S MA	Unknown				
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI NO	VE WAR OR DATES)	0	ames C. Printer Thurmont, Md. 21	*1788 West Main St.			
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Mass	e andrews	da Rentady	5 5 mine			
CERTIFICATION	ESOPHECT'S	conditions contributing to 1 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
E	The second second			YES NOTE	YES NO			
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR	OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM IB PART OR PART 2)			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	STATE YINUOD AWG			
	270.1 certify that (1) (this hospital) attended the deceased from 311, 1985, to 717, 1985, that (1) (we) lo saw the deceased alive on 217, 1985, and that in (my) (our) opinion death occurred on the date and hour and from the causes wated above, (1) (we) (did) (did not) view the body after death.							
	22b. SIGNATURE	7 c-milla	DE GREE ATTEN PHYS		272. DATE SIGNED			
	22d. PHYSICIAN'S NAME (TYPE C	ORPRINT) O-Millering	22e. ADDRESS		Frederich, me			
23o. B	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREM		1,040.			
	Burial Rich	Teb. 116, 11935		etery Frederic	ck, Frederick, Md.			
\vdash		ney & Bastonda Fu		250. DATE REC'D. BY REGISTRAR				

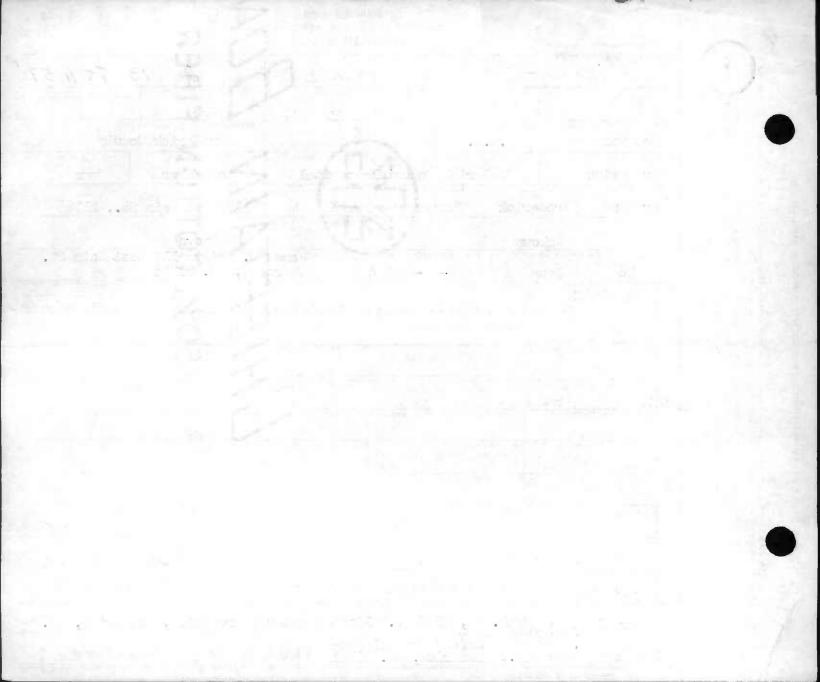
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.

TO HOSPITAL

BP.



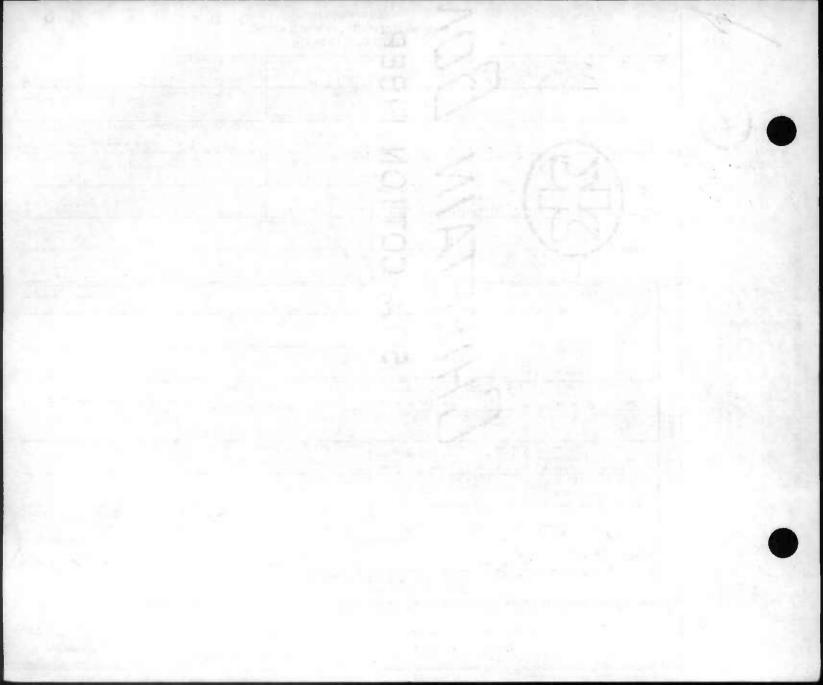
d by the attending physicion and campletely filled in by the ease remove corbanpapers. Pages I and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CEDTIFICATE OF DEATH	

	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	REG NO.	3 4 9			
		CEASED NAME FIRST	lla Louis	se Tr	Procter	Feb. 7, 198	26 HOUR 10:558			
	3. SE	Х .	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1		Female	Negro	Apri	1 25, 1923	61 _{YR}	MONTHS DATS HOURS MIN.			
De		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY OR COU				
23		Maryland	U.S.A.	WIDOWE	DIVORCED	Frederick (County, MD			
11	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR			
509		Frederick	Frederick Me	emoria	1 Hospital	Housewife	Home			
4	130.	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Ederick Adamst	WN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	ODE Road/ 21710			
E A		ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME				
6		Joseph	Diags		E11a	WIDDLE	Weedon			
9		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC		17 INFORMANT	322 Madiso				
Ded	((YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES) 219-05	6-6513	Helen Tyre	ee, Frederick,	MD. 21701			
ant, the	18 CAUSE OF DEATH (Enter only one couse per line for 101, (b1, and 101) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FOR ONISE I AND DEA APPROXIMATE INTERVAL BETWEEN ONISE I AND DEA OF THE									
us ony injury, ar other tra	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	6000	con b.	200 AUTOPSY? 200 IF	Syes, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
S suo	CERTI	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO			
E I	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19						
p v	MEDICAL	21d INJURY OCCURRED . WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
hem 21 is mo		270. I certify that (I) (this hospital) attended the deceased from 1982, 19, 10, 10, 1952, that (we) lost saw the deceased always are the deceased always and the course of the course o								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		276 SIGNATURE	Rocke		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/7/85			
Tall Interest of the state of t	22	22d. PHYSICIANS DAME (TYPE)			22e ADDRESS	The second secon				
		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial					Frederick, MD.			
7/84	24 F	uneral director NAME Douglas Stau	1621 Opossu	umtowr ck, MD.	Pike 750 DAT FE	B 1 3 1985	SISTRAR'S SIGNATURE			

DHMH - 16 60M 7/84 (VRA 15, 4)



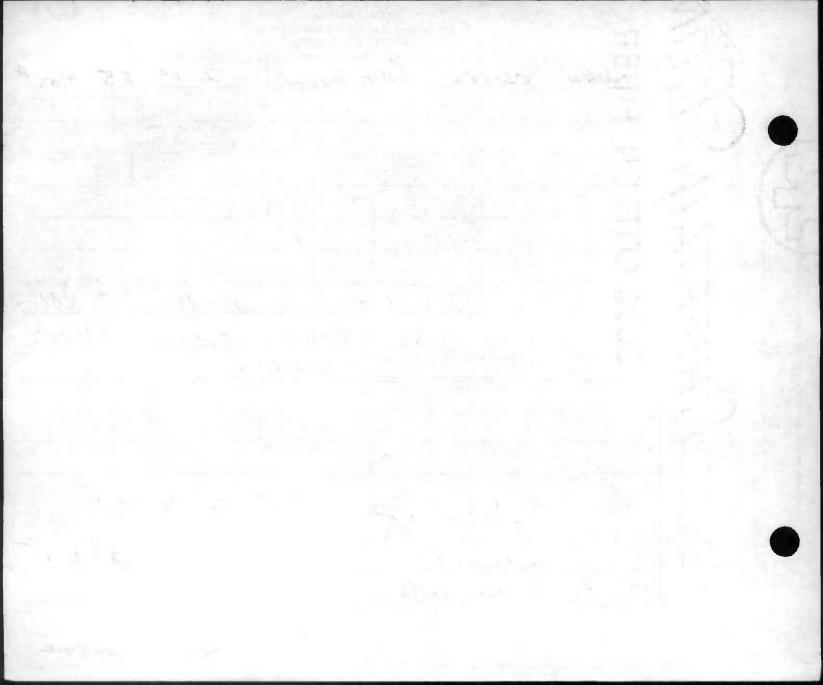
1	-	FOR STATE REGISTRAF

STATE OF MARTLAND	0	-3	U	2	line
CERTIFICATE OF DEATH	GIENE	REG. N	Ю.		
1 LAST	Zo. DATE	OF DEATH	MONTH	DAY	YEAR

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO						
1. DECEASED NAME FIR	MIDDLE	0	AST		NONTH DAY YEA	AR 2b HOUR				
JOHN	OLIVER	CM	nsburg	2	13 85	418				
3 SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 11	YEAR IF UNDER 2				
Male	White	MONTH	h 10, 1915	69	MONTHS D	DAYS HOURS				
70 BIRTHPLACE ISTATE OR FOREK		VIRY? B		9 BALTIMORE CITY OR	YRS COUNTY OF DEAT	H				
Managed and	TT C A		NEVER MARRIED							
Maryland 10. CITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Frederic	- A	ND OF BUSINES				
	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	TRY				
Frederick	OME OR OTHER INSTITUTION GIVE RESIDENCE		1 Hospital	Administ	raton Nu	rsingh				
13a STATE 13b	COUNTY ISTHUM		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /						
	rederick KKER	KXXXX	YESX NOX	11816 Hun	t Club R	d./217				
14 FATHER'S NAME	MIDDLE LAS	ST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST				
John		sburg	Jessie	Thoma	s B	aer				
160 WAS DECEASED EVER IN U	.S. ARMED FORCES? 166 SOCIAL YES, GIVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	11816	Hunt CLu	h Rosa				
Yes		12-2707	Bessie Ram	sburg, Thur	mont. MD					
18 CAUSE OF DEATH (E	Yes WWII 217-12-2707Bessie Ramsburg, Thurmont, MD. 21788									
PART I. DE ATH WAS (PART I, DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (DIELLOVOS WILL AUGUST)									
IMA		Y	1	·						
	Conditions it now which									
Conditions, if any, wh		Lun	vsuuc	- vopu	1	7				
couse (a), stating	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
(c)										
	ant conditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PAR	RT Ito				
NO DATE OF OPERATION										
M 198 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CAL					
210. ACCIDENT WAS UNDERLY.				YES NO	YES	NO [
210. ACCIDENT WAS UNDERLY		L DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PAR	17 21				
OR CONTRIBUTING CAUSE	OFDEATH	19								
(IF EITHER, NOTIFY MEDICAL E) 21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	===0.00						
	TAT HOME STREET, FACTORY, C	OFFICE FARM, ETC)	STREET	- CH OPON	COUNT	STA				
	hospital) attended the deceased	- A	15	2//	3	1				
saw the deceased of		100	al the tie (e.u.) (e.u.) equales	death and a labertar	19_0	that (I) (we				
above, (1) (we) (did) (did nat) view the bady after death.	001	nd that in (my) (our) opinian	death decurred an the dat		1				
22b. SIGNATURE	1 1 1 .0	\sim	DEGREE	Lucas cres	77t. D	1 ST				
1 . 1	· Lucilla		ATTENDING PHYSICIAN	MEDICAL STAFF		1148				
22d PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS							
1.7.7.	Hickory V	ND								
23a BURIAL, CREMATION, REM	OVAL 23b DATE	123r NAME OF C	EMETERY OR CREMATORY	23d LOCATION						
(SPECIFY)				CITY OF TOWN	COUNTY	STA				
Burial 24 FUNERAL DIRECTOR	2/15/85		ven Mem. Ga:		ck, Frede	rick, M				
NAME	1621 Opos	sumtowr	i Pike I ci	TE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIG	n_handel				
G.Douglas St	auffer, Freder	ick, MI	21701	TO 1 9 300	7					

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbompapes with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal.



requires that the death

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 2	REG. NO.) 5 2	48
	Ifale 70. BIRTHPLACE (STATE OR FOREIGN 76. COUNTRY) Haryland				Alonza		MOND	Pebru	-		3:45 P
			RACE	9	5. DATE C	. 15°, 191°0°	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DATE		
36				WHAT COUNTRY?	8 MARRIEI WIDOWE	DIVORCED	1		County,	MD.	
H	F	rederick		(IF NOT IN SUC	ederick M	address) emori	al Hospital		CCUPATION OR MOST OF WORK LIAKET	ING LIFE INDUSTE	of Business or Sh Manuf.
and of	13a. S	at residence (# NUI STATE aryland	13b COUNT Frede	Υ	130 CITY OR TOW Frede	N	13d. INSIDE CITY LIMITS?		DDRESS / ZIP (St., Ext	
10			rles	DDLE 11.	Redmon		15 MOTHER'S MAIDEN N. Annie		MIDDLE	Sumar	
medico	1	VAS DECEASED EVE YES, NO OR UNKNOWN) CS	Jul on	ED FORCES?	; 43 214-	10-18	94 Hallie L.	Crum, 2	69ºWest rederic	Patrick k, Md. 2	Street 21701 OXIMATE INTERVAL EN ONSET AND DEATH
or other traumatic ev		Conditions, if on gove rise to in couse (o), state underlying cous	nmediate ing the	DUE TO, OF	R AS A CONSEQUE	1	<u></u>			10	gr +
nlury, or	NO	PART 2 OTHER SIG	INIFICANT CO	ONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED, TO THE TER	MINAL DISEASE	OR CONDITION	N GIVEN IN PART	lio
ous such	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTOP		IF YES, WERE FIN ERTIFYING CAUS YES	
lem o	MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEAT	P./	M, MONTH DA	YEAR	21 c. HOW INJURY OCCU	RRED (ENTERNATU	ire of injury in ite	M 18 PART I OR PART 2	?)
orked or	MED	21d INJURY OCCUI	OPK		EET, FACTORY OFFICE, F	ARM ETC }	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
m 21 is m		saw the decea above (1) we'v	sed alive on.	Feb.	- 16 19 8		d that in (my) (our) opinion	death accurred	on the date one		
E = 1		226. SIGNATURE	Mu	del	ik	11	THISICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [- 2	16/85
APORTANT		Dr. Wil			k, M.D.		Parkview	Medical	Center	Frederi	ick, Md.

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

Prederick,

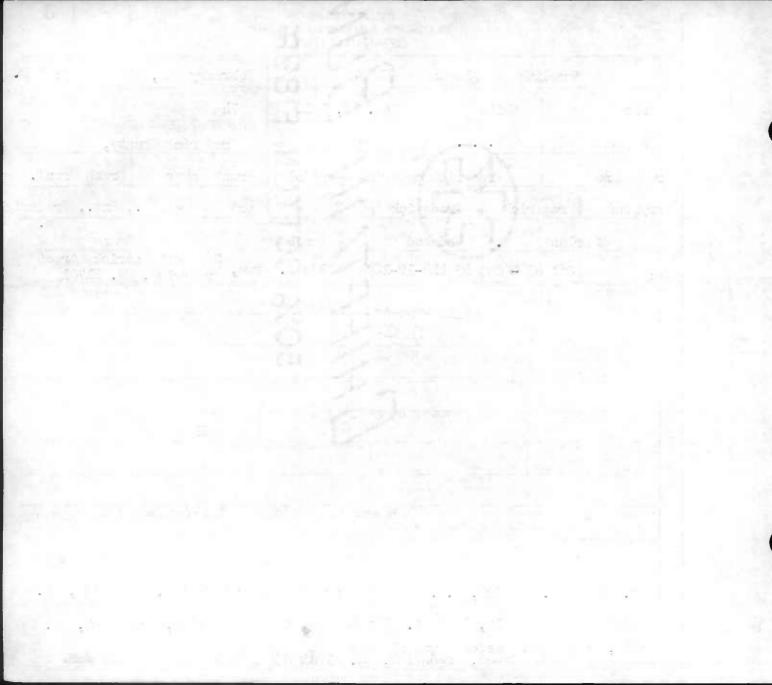
Frederick,

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

Feb 19, 1985

14 FUNERAL DIRECTOR STEEL AND STATE OF THE S

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



inegal director, page 3 in 72 haurs after death

haurs after

FOR - STATE REGISTRAR DECEASED NAME

FIRST

ANNA

	DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 5 EG. NO.	524	19
-	MIDDLE	1	AST .	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
E	ELIZABETH		RENNER	FE	B	9 1985	11:45%
		5. DATE C)F BIRTH	6 AGE (IN YEARS)		IF UNDER TYEAR	IF UNDER 24 HRS
cas	sian	May	8, 1896 YEAR	88	YRS.	MONTHS DAYS	HOURS MIN.
OF	WHAT COUNTRY?	B.	NEVER MARRIED	9 BALTIMORE	ITY OR COUNT	OF DEATH	
. A .		MARRIE	Λ	Frede	erick,		MD.
	HOSPITAL, NURSIN H FACILITY, GIVE STREET A NUTS 11		OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING LI		None
JTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?		RESS / ZIP CODI		21788 ce Road
2	stitlëÿ		15 MOTHER'S MAIDEN NA Irene		DOLE	Wolfast	
ES?	16h SOCIAL SECU 213-74-2		Mr. William		or Sr.		octin Fur Md. 21788
1		7146	HEART FA	LURE		APPROXIA	MATE INTERVAL MISET AND DEATH
00	R AS A CONSEQUE	NCE OF					

23d LOCATION

Lewistown, Frederick, Maryland

3. SE)	<	4. RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER TYEAR	IF UNDER	24 HRS
F	<i>Temale</i>	Caucas	ian	May	8, 1896 YEAR	88	YRS.	INTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN POWNTRY)	U.S.A.	WHAT COUNTRY?	B. MARRIE WIDOWI	NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	UNTYO	F DEATH		MD.
	TY OR TOWN OF DEATH **Trederick**	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A AN NURSIT	ADDRESS)	DR OTHER INSTITUTION me	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOMEMAKET	(ING LIFE)	12b. KIND C INDUSTRY	No.	
	AL RESIDENCE (IF NURSING HOME 13bFP)	orother institution.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS / ZIP		Furna	_	1788 oad
	ther's name George	MIDDLE S	stitl ë ÿ	As a	Is MOTHER'S MAIDEN NA	WE		Wolf	т	
16a V	VAS DECEASED EVER IN U.S. /	ARMED FORCES? GIVE WAR OR DATES)	213-74-2		Mr. William	G. Renner,Sr.		12 Cat		
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY: ATE CAUSE (a)			HEART FA	LURE		APPROX BETWEEN	MATE INTE	DEATH
NTION		T CONDITIONS CO	RAS A CONSEQUE A PONTE A RAT M	NCE OF HYF	NOT RELATED TO THE TERM	HCTATUR DIS INAL DISEASE OR CONDITION TOTA + APPHAS	N GIVEN	N IN PART 1	1170	
CERTIFICATION		171 COND	TION FOR WHICH	OFERATIO	NAS PERFORMED	YES NOW		NG CAUSES		TH?
MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	JEAIH	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN 178	M 18 PAR	TIORPART?)		
WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, 516	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	Ш	COUNTY		STATE
	22a I certify that (I) (this become saw the deceased alive above; (I) (we) (did) (did)	on 2/9/	19 8	8	nd that in (my) (corresponden	death occurred on the date on		and from the		
	Glein F	mead	mt		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF LDIRECTOR PHYSICIAN [22c. DATE	SIGNED	5
	22d PHYSICIAN'S NAME (TYP	MGA O	ORS TO	MO	810 TOLL H	Fouse Ava Fr	en.	EDICE	wi	12/2

23c NAME OF CEMETERY OR CREMATORY

Lewistown Cemetery

615 E. Main Street 250 DATE REC'D.
Thurmont, Md. 2178 8 8 2 2 19

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shaws an

230 BURIAL, CREMATION, REMOVAL BURIAL

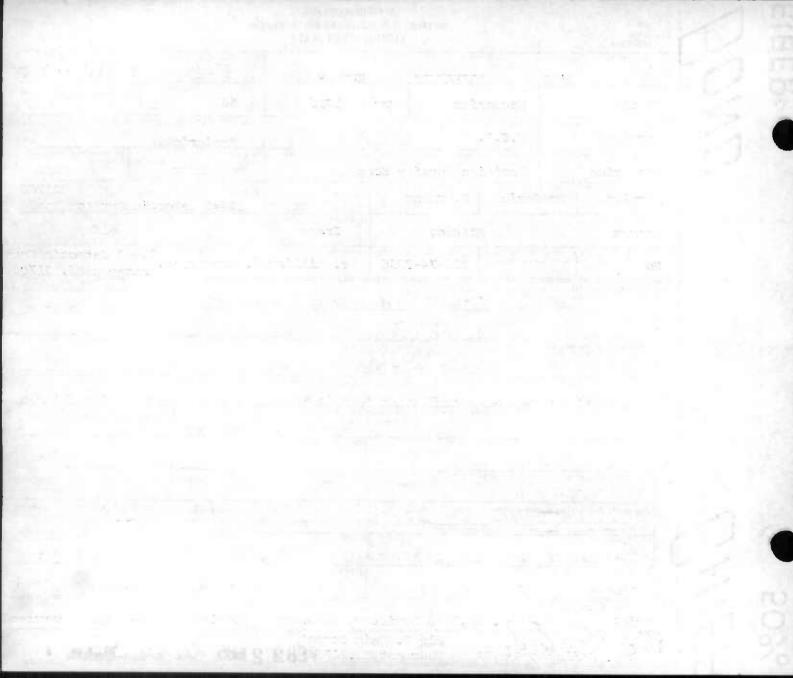
Robert E. I

236. DATE

Danley s/Son, PA

Feb. 12,1985

njury, ar other traumatic event, the



attending physicion move corbon popers.

certificate has been signed by the

TO FUNERAL DIRECTOR: After this

requires that the

PHYSICIAN: The

TENDING

MRORTANT: If them 21 is morked on them Tacham any injury, or other traumatic event, th should be detached for use as the buriol-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, or removal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DE	CERTIFICATE		ENE REG. NO.					
I. DECEASED NAME FIRE		LAST		20 DATE OF DEATH	ONTH DA	Y YEAR	26 HOUR		
(TYPE OR PRINT)	170 FRANKLI	N ROBY			2 1	85	11-15		
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER 24 H		
Male	White	Oct. 13	1901	83	YRS	NIHS DATS	HOURS M		
O. BIRTHPLACE (STATE OR FOREIG		NTRY? 8		9 BALTIMORE CITY OR		F DEATH			
Marvland	USA	WIDOWED TO	DIVORCED	Frederick	Cour	tv.			
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER		120 USUAL OCCUPATION	N	126. KIND O	F BUSINESS		
Frederick	(IF NOT IN SUCH FACILITY, GIV		spital	Welder	VORKING LIFE)	Rail	road		
JOUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)				1011	Load		
	COUNTY 136 CITY O	nswick YES		9 - 3rd A		/ 21	716		
4 FATHER'S NAME	ricuerrow, Dru		HER'S MAIDEN NAM		· · · · · · · ·	, , _ 1	7 10		
James	Parkinson R	obv	Barbara	Ellen	100	Eck	ard		
60 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIA		DRMANT	ADDRESS			nue		
(YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	10-2751 63	due Menn	iman - Brun	-				
-T	iter anly one cause perNine for (a),			^	4		MATE INTERVA		
PART I. DEATH WAS C	AUSED BY:	unated also	nic obstru	ictive line	Lizear		ears		
IMM	EDIATE CAUSE (0)					1			
	ANT CONDITIONS CONTRIBUTIN	<u>G TO DEATH</u> BUT NOT REI							
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR V	VHICH OPERATION WAS F	ERFORMED			WERE FINDIN ING CAUSES			
OR CONTRIBUTING CAUSE	21a. ACCIDENT WAS UNDERLYING 20 21b. TIME OF INJURY OR CONTRIBUTING 20 CAUSE OF DEATH GIFT EITHER NOTIFY MEDICAL EXAMINER) P.M. 19								
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY,		CATION	CITY OR TOWN		COUNTY	STAT		
22a I certify that (1) this	22a.l certify that (1) this hospital) attended the deceased from								
sow the deceased all	ive ondid nati view the body after death.	_19	(my) (aur) opinion de	eoth occurred on the dote	e ond hour o	and from the	causes state		
22b. SIGNATURE	lowi	DEGREE	ATTENDING PHYSICIAN IV	MEDICAL STAFF	AN []	220 DATE 2/	SIGNED 1		
22d. PHYSTCIAN'S NAME	(TYPE OR PRINT) AZZGAZER	22e. AC	DORESS	Swick, MI		1716			
3a. BURIAL, CREMATION, REM	OVAL 23b. DATE	23c. NAME OF CEMETER	OR CREMATORY	23d LOCATION		COUNTY	STAT		
Burial	2/4/85	Christ Ref	ormed Cem						

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Williams Funeral Home

Christ Reformed Cem.

Brunswick, MH

Cem. Middletown, Frederick, 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

they work to be to disting a side him you below the state of the s

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 though detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, and 2 should be filled within 72 hours after death with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

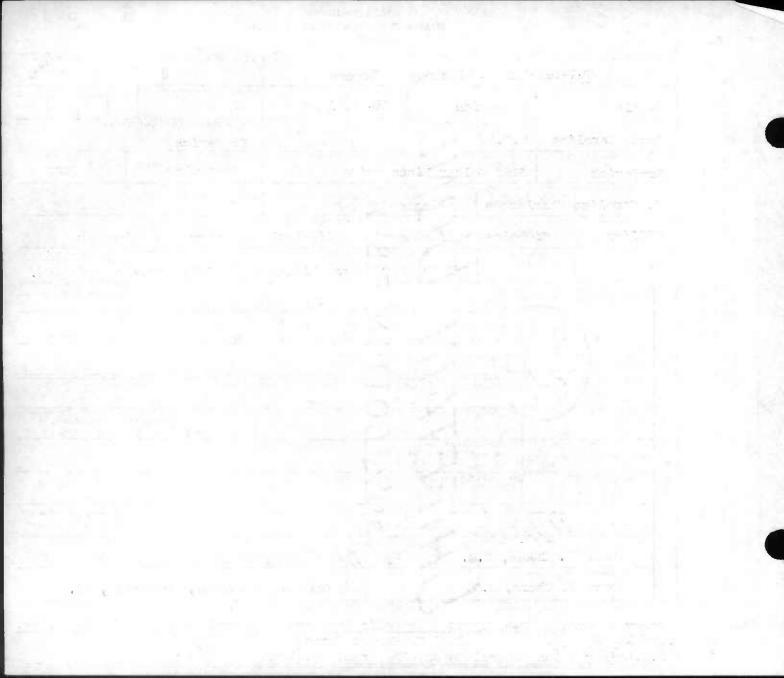
D HOSTITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

	STATE OF MARYLAND	100	0	5	2	5
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE		4.0		Si code	

	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.				
	CEASED NAME FIRST FOR PRINT)		MIDDLE		AST	20. DATE OF DEATH		DAY	YEAR	2b. HO
	Guillelm	nine	Pinckney		ogers		2	Ц	85	9
3. SEX	X	4. RACE	7.7	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS	ER I YEAR	HOURS
Fe	emale	Caucas	ian	Jan	7, 1898 YEAR	87	YRS			Ours
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Classica manera Cl	9. BALTIMORE CITY	OR COUN	TY OF D	EATH	
S	outh Carolina	U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Frederic	k.			
	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126	KINDO	F BUSIN
F	rederick	6909 H	olter Vis	ta Dr	ive	Homemak	of working	LIFE) IN	DUSTRY	None
	AL RESIDENCE (IF NURSING HOME O									
13a. S	STATE 13b COU	NTY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRES	S		(20
1.5		rleston	Charlest	Jon	YES MO	1				1.1
	ATHER'S NAME VILLIAM N.	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE			LAS	T
W	1111am N.	icholas	Pinckr	ney	Elizabeth	Perry		Pinc	-	
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS 69	009 H	olte	er V
N	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	THE OR DATES)	251-32-8	3769	Mrs. Elizabe	eth H. Sel:	igmann	Fre	ederi	ck .l
	18. CAUSE OF DEATH (Enter o	nly one couse on	line for (a) (b) and	d (c)	4 /			1	APPROXI	
	PART I. DEATH WAS CAUS	ED BY:	7	0 14/11	14	2	2	4	ME I AAEELA (JINGET AN
ICATION	PART 2 OTHER SIGNIFICANT	lente	2 hea	A 6	lisease, C	mpensa	lod			
	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES TO NO D	IN CER	YES, WER TIFYING YES []		
CAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				R PART 2)	
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ADA4 575 :	21f. LOCATION	CITY OR	TOWN	co	YTHUC	13
Z	WHILE NOT WHILE AT WORK	(AT HOME, SI	ACCUST, OFFICE, F.	anm, Ell	0- 0-	T			-	
	22a.1 certify that (I) (this has	itel) of ended /h	ne deceased from	Jesis	10 1903	_ to fel	4	. 19	1	that (I) (
	saw the deceased alive a	1 lev	- 5 19		nd that in (my) (aux) opinion	death occurred on the	date and h	our and	from the	couses st
	abave, (I) (see) (did not) faid not)	yiew the body	after death	11	DEGREE				2c. DATE	
	HENRY V. C	HASE, M.	J. Cl	20/20	M DITENDING L	MEDICAL ST	AFF SICIAN [7	Edr 4	4 19
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				-	1
								erick	c. Mo	
	Henry V. Chase, M.D. 804 Toll House Avenue, Frederick, Md.									l.
23a B				JAME OF C	<u></u>		11000		,	l.
(BURIAL, CREMATION, REMOVA (SPECIFY)	23b. DATE	73c N		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		cour	NTY	
(BURIAL, CREMATION, REMOVA (SPECIFY) emoval-Burial/	23b. DATE	1985 Ma	gnoli	EMETERY OR CREMATORY a Cemeteru	23d. LOCATION CITY OF TOWN Charlest	on, C	cour Charl	esto	n.S.
R	BURIAL, CREMATION, REMOVA (SPECIFY)	Feb.7,	1985 Ma 1201 N.	gnoli Mark	EMETERY OR CREMATORY a Cemetery tet Street 250. DAT	23d. LOCATION CITY OR TOWN Charlest TE REC'D. BY REGISTRA	on, C	cour Charl	esto	n.S.

DHMH-16 30M (VRA 15, 4

etained by the hospital or attending physician.



within 24 hours ofte

certificate be

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that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retoined by the hospital or attending physician

	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	B 5	0	5 2	5 2
		CEASED NAME E OR PRINT)	Alice	MIDDLE		ROHRBACK	Pebruar	MONTH	1985	26 HOUR 1:10 P.
	3 SE	x Female	4 RACE	White		of Birth	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
6	7a B	IRTHPLACE (STATE OR FOR COUNTRY) Maryland		EN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OF Frederi			MD
0	Fr	ity or town of death ederick	(IF N		Retir	ement Center	12a USUAL OCCUPAT (LYPE OF WORK FOR MOST OF Librarian	ION DE WORKING	126 KIND C INDUSTRY	Governm
6	13a S	Maryland	HOME OF OTHER INS	otitution, give residence before the large track in	VN.	13d INSIDE CITY LIMITS? YES P NO	North Cou	rt S	treet, 2	1701
11		ATHER'S NAME FIRST Allen	MIODLE	Rohrback		IS. MOTHER'S MAIDEN NAM	MICOLE		Meckê	1
/		vas deceased ever in yes. no grunknown) NO	U.S. ARMED FO (IF VES. GIVE WAR OR NONE			Mrs. Jesse Hu	mphreys,		Box 30	8 ghts, Md
	Z	gove rise to imme couse (a), stating underlying couse PART 2 OTHER SIGNIF	the DUI	ETO, OR AS A CONSEQU (c) ONS CONTRIBUTING TO		NOT RELATED TO THE TERM	A . The last in		GIVEN IN PART 1	0
	NOI		last.	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON		GIVEN IN PART 10	0
1	CERTIFICATI	19a DATE OF OPERATIO	N 19b	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	IN CER	YES, WERE FINDING TIFYING CAUSES	
1	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE)	JSE OF OEATH HO	TIME OF INJURY DUR A.M. MONTH D P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE.	19	21f LOCATION STREET	RED (ENTER NATURE OF INJU	:10	8 PART OR PART 2}	STATE
		220. I certify that (I) (the sow the deceased above, (I) (we) (did	his hospital) atter	nded the deceased from	Syl	nd that in (my) (our) opinion o	to 2 - 2	ote and h		that (I) (we) lost couses stated
1		22d. PHYSICIAN'S NAM	me C	i Sh	w /		MEDICAL STA DIRECTOR PHYSIC	FF SIAN []	22c. DATE	SIGNED
		Dr. Thoma	as E. Sto				rd Street,	Fred	erick, M	d. 21701
	23a B	BURIAL, CREMATION, RE	0 -			ivet Cemetery	23d LOCATION Frederi	ck, l	Frederic	k, Mď.

Home

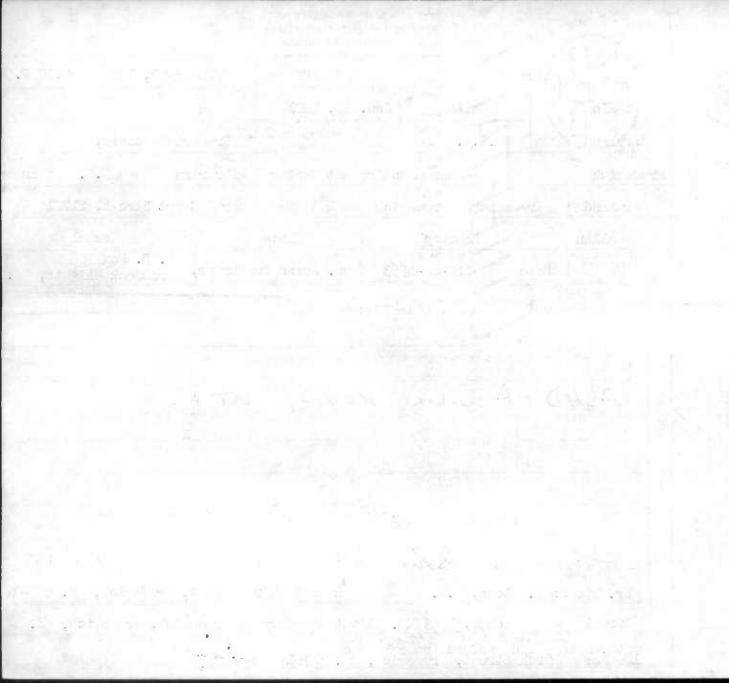
Frederick

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Smith, Keeney and Basford 106 East Church Street,

DHMH - 16 50M 1/81 (VRA 15, 4)

I.O. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundable detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. N	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	
-		Edith	E.	ROUTZAHN	February	y 14,1985 a.,
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0		Female	White	0ct. 9 1891 FAR	93	YRS.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
S. Alle		Maryland	U.S.A.	WIDOWED DIVORCED		ck County, M
10	Br	TY OR TOWN OF DEATH addock	Vindobona Nu		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Seams tre	IZE KIND OF BUSINESS OF BUSINE
3	13a. S	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Freder:	ick 13d INSIDE CITY LIMITS?	317 Brad.	
		William	Bussard	15. MOTHER'S MAIDEN NA FIRST Tda	WIDDLE	Stockman
the medica		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) [IF YES, GI	re war or dates) 220-09	-8187 Martz Rd.	ll G. Rout . Frederic	tžahn, 9008 Walt ck, Md. 21701
18 shows ony injury, ar ather traumatic	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION			20g AUTOPSY? YES NO S	DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
80/1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
Tea	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		
morked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	CITY OR FO	WN COUNTY STATE
tem 21 is m			ital) ottended the deceased from 19	, and that in my (our) apinion DEGREE	death occurred on the de	ate and haur and from the causes stated 22c. DATE SIGNED
ORTANT: # #		W. 1	Illeani	MD, ATTENDING PHYSICIAN	MEDICAL STAI	FF 2/15/85
MPORTANT		22d. PHYSICIAN'S NAME (TYPE Dr. Wayne	Algaier M.D.	22e ADDRESS		vick, Md. 21716
-		URIAL, CREMATION, REMOVAL SPECIFY Burial INERAL DIRECTOR	Feb. 16, 1985	NAME OF CEMETERY OR CREMATORY St. Luke's Come	123d LOCATION CITY OR TOWN THE TOTAL THE TOTA	COUNTY STATE AVILLE Frederick ASS REGISTRAR'S SIGNATURE
M 4/83 4)	13	Mither Reeney	Basiord (A). St. Frederic	Kuneral Lome EB	1 9 1985 g	256. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnish three thought be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand 2 should be filed within 72 hours must be store Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FMARYLAND
TH AND MENTAL HYGIENE 8 5 0 5 2 5 4
ATE OF DEATH

REGISTRA	R			CERTIF	ICATE OF DEATH	REG. NO)		
T. DECEASED NA	ME FIRS	f	MIDDLE	i.	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
(Lead City haller)	STO	CKTON	Cu.	R	00212	FEBRUARY	3.	1985	12:45 6
1.5EX		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HI
Mal	le	Whi	te	July	11, 1906	78	YRS	DATS	HOURS
7a. BIRTHPLACE	(STATE OR FOREIGN	N 76 CITIZEN OF	WHAT COUNTRY?	B.	XXNEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
Virgin	nia	U.S	.A.	WIDOWE		Frederic	k Co	anty,	
10 CITY OR TOW	N OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINESS
Frede	rick				Market St.	Salesman			etail
USUAL RESIDENCE	CE (IF NURSING HO	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
Marylar		rederick			YES X NO			t St.	/21701
14 FATHER'S NAM		MIDDLE	1.651		15 MOTHER'S MAIDEN NA	WE		TA	6.7
Artl		Fauntler	oy Rou	zie	Margaret			Whea	
160 WAS DECEAS		S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	1007	SS N M-	rkot	Stron
Yes		WWII	214-10	-5292	Romaine V.	Rouzie, F	rede	rick,	MD.217
18 CAUSE	OF DEATH (Ent	ter only ane cause pe	tine far (a), (b), on	d (ci.)				APPROX	MATE INTERVAL ONSET AND DEAT
PART I.	DEATH WAS CA	AUSED BY: EDIATE CAUSE (a)	PARKI	4020	s DISFASE	- 			
cause (a underlying		DUE TO, O	R AS A CONSEQUI		NOT BELATED TO THE TERM	INIAI DISEASE OB CONI	NITHONI CINE	AL MADA DA DA	
cause (a underlying PART 2 OT	a), stating th g cause las	DUE TO, O	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				
cause (a underlying PART 2 OT	a), stating th g cause las	DUE TO, O	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED
PART 2 OT 19a DATE O 21e. ACCIDE:	THER SIGNIFICA OF OPERATION INT WAS UNDERLYIN UTING CAUSE C	DUE TO, O (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 197 COND 198 COND 198 COND 198 COND 198 COND	ONTRIBUTING TO	DEATH BUT OPERATIO		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
PART 2 OT 19a DATE O 21e. ACCIDE:	o), stating the growth of the signification of the significant	DUE TO, CO. ANT CONDITIONS C. 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 216 TIME C. HOUR A. P. 21e PLACE	ONTRIBUTING TO	OPERATION AY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCURE 21f. LOCATION	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
PART 2 OT PART 2	DI), stating the ground cause lass of OPERATION INTO A CAUSE CONTINUE CONTI	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND AND CONDITIONS C 196 COND 216 TIME C HOUR A MINER) P 216 PLACE LA HOME SI	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. M.	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
PART 2 OT VO IPa DATE O IPa DATE O OR CONTRIBU (IF EITHER, R AT WORK 220 L certif	THER SIGNIFICA OF OPERATION INT WAS UNDERLYIN UTING CAUSE OY OCCURRED NOT WHITE AT WORK Ty that (I) (this	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM EIC)	216 HOW INJURY OCCURE 216 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES INTO OR PART 2) COUNTY	NGS USED S OF DEATH? NO STATE
PART 2 OT 19a DATE O 19a DATE O 21a. ACCIDEN OR CONTRIBI 21d. INJURY WHILE AT WORK 22a I certiff saw th obove.	THER SIGNIFICA OF OPERATION NIT WAS UNDERLYIN UITING CAUSE C NOTIFY MEDICAL EXA Y OCCURRED NOT WHILE AI WORK Ty that (I) (they he deceased alive (I) (war district)	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM EIC)	216. LOCATION STREET 216 HOW INJURY OCCURE 216. LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES INT 1 OR PART 2) COUNTY	NGS USED 6 OF DEATH? NO STATE
PART 2 OT NOT 19a DATE O 21a. ACCIDE OR CONTRIBI (IF EITHER. N 21a. INJURY WHILE AVOR 22a I certif sow th	THER SIGNIFICA OF OPERATION NIT WAS UNDERLYIN UITING CAUSE C NOTIFY MEDICAL EXA Y OCCURRED NOT WHILE AI WORK Ty that (I) (they he deceased alive (I) (war district)	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 216 TIME C HOUR A MINER) 21e PLACE (AT HOME ST	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM EIC)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 68 14 that in (my) (corr) opinion of	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, IN CERTIFY YES IN ITEM 18 PA	WERE FINDING CAUSES COUNTY 9 and from the	NGS USED 6 OF DEATH? NO STATE that (I) (well) causes stated
PART 2 OT VOI 19a DATE O 19a DATE O 21a. ACCIDE OR CONTRIBI (IF EITHER. N 22a I certif sow it obove, 22b SIGNA	THER SIGNIFICA OF OPERATION IN WAS UNDERLYIN UITING CAUSE O NOTIFY MEDICAL EXA Y OCCURRED NOT WHITE ALL WORK Ty that (1) (they he deceased all (1) (they didn't) ATURE	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 216 TIME C HOUR A MINER) 21e PLACE (AT HOME ST	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM EIC)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 68 Ind that in (my) (407) opinion DEGREE T ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, IN CERTIFY YES VIN TEM 18 PA	WERE FINDING CAUSES COUNTY 9 and from the	NGS USED 6 OF DEATH? NO STATE
PART 2 OT	THER SIGNIFICA OF OPERATION NIT WAS UNDERLYIN UITING CAUSE C NOTIFY MEDICAL EXA Y OCCURRED NOT WHILE AI WORK Ty that (I) (they he deceased alive (I) (war district)	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 216 TIME C HOUR A MINER) 21e PLACE (AT HOME ST	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM EIC)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 68 14 that in (my) (corr) opinion of	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, IN CERTIFY YES VIN TEM 18 PA	WERE FINDING CAUSES COUNTY 9 and from the	NGS USED 6 OF DEATH? NO STATE that (I) (well) causes stated
PART 2 OT	THER SIGNIFICA OF OPERATION NITWAS UNDERLYIN UITING CAUSE C NOTIFY MEDICAL EXA Y OCCURRED NOT WHILE ALL WORK THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED OF THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED NOT WHILE CAUSE OF THE MEDICAL EXA Y OCCURRED OF THE MEDICAL EXA Y OCCURR	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM EIC)	216 HOW INJURY OCCURE 216 LOCATION STREET 19 68 Ind that in (my) (407) opinion DEGREE T ATTENDING PHYSICIAN	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, IN CERTIFY YES VIN TEM 18 PA	WERE FINDING CAUSES COUNTY 9 and from the	NGS USED 6 OF DEATH? NO STATE that (I) (well) causes stated
PART 2 OT PART 2 OT 19a DATE C 21a. ACCIDE (IF ETHER. H 22a I certif Saw th above, 22d. PHYSIC 23a. BURIAL, CRE. (SPEC#Y) B1	THER SIGNIFICA OF OPERATION INT WAS UNDERLYIN UTING CAUSE ON OTHER BICALEXA Y OCCURRED NOT WHILE IN HOT WHILE OF OPERATION NOT WHILE (y that (I) (there) he deceased alia ATURE CIAN'S NAME (MATION, REMOUNTED	DUE TO, CO. (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM ETC)	216. HOW INJURY OCCURE 216. LOCATION STREET 216. LOCATION STREET 216. ATTENDING PHYSICIAN 220. ADDRESS EMETERY OF CREMATORY IVET Cemtel	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJURE CITY OR TOTAL death occurred an the do MEDICAL STAR DIRECTOR PHYSIC 23d LOCATION CITY OR TOWN Frederi	20b. IF YES, IN CERTIFY YES YES IN THE MISS PA	WERE FINDING CAUSES COUNTY 9 22c DATE 3 COUNTY COUNTY COUNTY	MGS USED S OF DEATH? NO that (I) (well causes stated SIGNED STATE)
PART 2 OT OUT JOH JOH JOH JOH JOH JOH JOH JO	THER SIGNIFICA OF OPERATION IN WAS UNDERLYIN UTING CAUSE NOTIFY MEDICAL EXA Y OCCURRED NOT WHITE A WORK Ty that (I) (they the deceased alive A CLANS NAME (MATION, REMO	DUE TO, O (c) ANT CONDITIONS C 196 COND 196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND 19	ONTRIBUTING TO	OPERATION AY YEAR 19 FARM ETC) NAME OF C	216. LOCATION 216. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. 68 ATTENDING PHYSICIAN 220. ADDRESS EMETERY OF CREMATORY ivet Cemte The Pike 250. DAT	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJURE CITY OR TOTAL death occurred an the do MEDICAL STAR DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES YES IN THE MISS PA	WERE FINDING CAUSES COUNTY 9 22c DATE 3 COUNTY COUNTY COUNTY	MGS USED S OF DEATH? NO that (I) (well causes stated SIGNED STATE)

DHMH - 16 50M 4/83 (VRA 15, 4) Contraction of the contraction

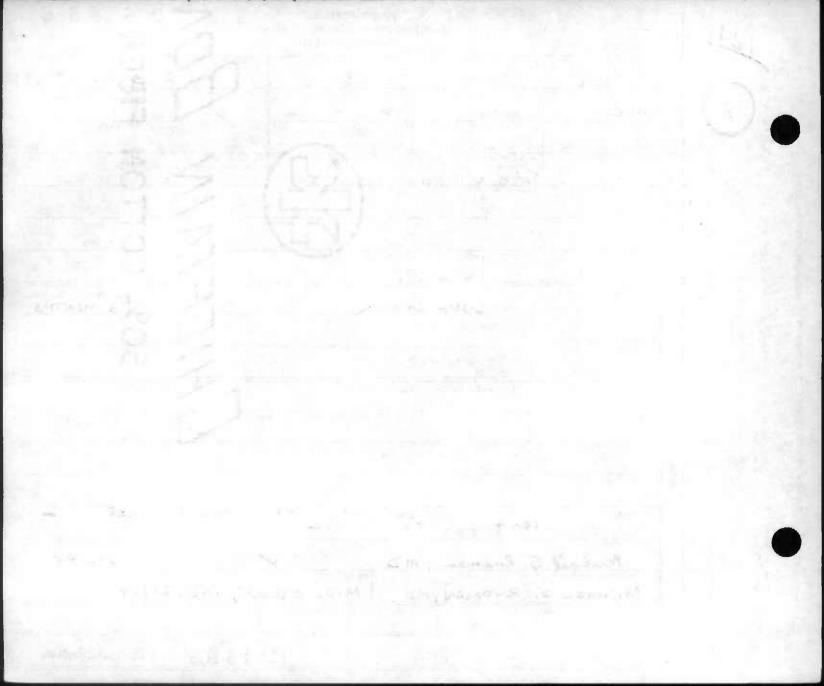
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	REGISTRAN		CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	MIDE	DLE	AST	20 DATE OF DEATH M	AONTH DAY YEAR	26 HOUR
110	Francis	Stanle	ex Sou	vicki	1 100	2 5 1985	5 1040 AM
3 SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		
40	male	white	MONTH	DAY ZA	50	YRS DATS	S HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WH	HAT COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	ennsylvania	U.S.A.	• WIDOWE		Frederic	k County,	MD
10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME C	OR OTHER INSTITUTION	128 USUAL OCCUPATIO	IN 126. KIND	OF BUSINESS OR
	rederick	Frederick	Memorial +	tospital	Instruct		Parts
USU 13e. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIV	ERESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	
Ma		- 1	Middletown	YES NO	7217 Dog	wood Lane	/21769
14 F	ATHER'S NAME	AIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		AST
	Stanley S.		Sawicki	Stella	Α.	Davi	d
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16	B SOCIAL SECURITY NO.	17 INFORMANT	7217	S Dogwood L	300
L '			36-26-6767	Joelle Saw	icki, Middle	etown, MD.	21/69
	18 CAUSE OF DEATH (Enter onl	y one cause per lin	e for (a), (b), and ic			APPRO BETWEET	DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSED	E CAUSE (a)	UNG CANCE	R		3 /	MONTHS
		DUE TO, OR A	S A CONSEQUENCE OF				
	Conditions, if any, which	(lb)				3-32	
	gave rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSEQUENCE OF		and the same	1030	
	underlying cause last	(c)				4.4	
7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	ITION GIVEN IN PART 1	lia
CERTIFICATION						20.00	
CA	198 DATE OF OPERATION	196 CONDITIC	ON FOR WHICH OPERATIO	N WAS PERFORMED		206 IF YES, WERE FIND IN CERTIFYING CAUSE	
RTIE					YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
CAI	JIF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TOW	N COUNTY	STATE
	AT WORK AT WORK						
	220.1 certify that (I) (this hospit	al) attended the d				19.85	, that (1) (last
	saw the deceased alive an abave, (1) (we) (did) (did not	view the bady aft	ter death.	nd that in (my) (am) apinian	death accurred an the date		
	22b. SIGNATURE			DEGREE ATTENDING	▲AEDICAL STAFE		E SIGNED
	Michael	5. Rudy	nan, MD		DIRECTOR PHYSICIA	AN .	b-85
	22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS			
	MICHAEL S	RUDA	MAN, MA	MIDDLETO	bww, MD.	21169	
	BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	2/8/85	5 Restha	ven MEM.Ga		ck, Freder	
24 FI	UNERAL DIRECTOR	1621 Or	oossumtown	Pike 25a. DA		Sh. REGISTRAR'S SIGNA	L-0
G.	Douglas Stauf	fer, Fre	ederick, MD.	21701	EB 1 3 1985	Julia Davidson	-Monterer

DHMH - 16 60M 7/B4 (VRA 15, 4)

and Mental Hygiene prior to bu ial-transit permit. Thei certificate has been

MPORTANT: If Hem 21 is marked an TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health is



1	-	-	
1			

	1-	FOR STATE REGISTRAR	46 8	DEPARTM	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		() G. NO.	5	2	5	6
		CEASED NAME FIRST	الك المرا	MIDDLE	L	AST	20 DATE OF DEA		DAY	YEAR	26 HOU	212
	TYPE	Charles	8	luand	50	hill	Febru	ary 1	8,19	85	02	A M
	3 SEX	(Children	4. RACE	augra	5 DATE C	OF BIRTH	6 AGE (IN YEARS LA	-	IF UNDER	1 YEAR	IF UNDER	
		Male	Caucas	sian	May	29, DA 1910 YEAR	74	YR	MONTHS	DATS	HOURS	MIN
1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	V 1	9 BALTIMORE CI			ATH		
4		Maruland	U.S.A.		WIDOWE	DEVER MARRIED DIVORCED DI	Freder	i ale				MD
/		TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCL	IPATION		(IND OF	BUSINE	SS OR
-		Frederick		HEACILITY, GIVE STREET A		Hospital	City O			JSTRY	None	
3	USUA 13e S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						140116	
À		Maryland F	rederick	Freder	ick	13d INSIDE CITY LIMITS?	13e STREET ADDR	isner	Stree:	t	2170	1
ĺ		THER'S NAME John St. Ed	ward s	Schill ^{AST}		IS MOTHER'S MAIDEN NAM	AE MIDE	DLE	Тор	per		10
	16a W	VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? GIVE WAR OR DATES)	214-10-3		Mrs. Rosealir		177	N. W.			
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(ib)	R AS A CONSEQUE EXET IN R AS A CONSEQUE POSS	510		10 co	160	000	カ		
	_	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	7	EATH BUT	NOT RELATED TO THE TERM		CONDITION	GIVEN IN P	ART Ira		
1	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CEI	YES, WERE RTIFYING C.			H?
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR P	ART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE ON WHILE ON WORK	21e PLACE			214 LOCATION STREET	CITY	OR TOWN	COU	NIY	51	TATE
		27a.1 certify that (I) (this ha saw the deceased alive abave (I) Iwe) did (did	- A 1 1		65, or	nd that in (my) (our) opinion o		he date and l	19.8 hour and fro		GIUI (v	
0		27b. SIGNATURE	Zol	i un		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	220.	DATES	IGNED	35
		224 PHYSICIAN'S NAME ITY				22e ADDRESS			/			
		P. Gregory		.D.		4 West 7th	Street 1	Freder.	ick, M	1d. 2	2170	1
	23a B	URIAL CREMATION, REMOV	AL 236. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION					

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been light should be detached for use as the buriot-transit permit. Then a with the State Dept. of Health and Mental Hygiene prior to hear

IMPORTANT: If them 21 is marked ar

ATTENDING PHYSICIAN: The low

TO HOSPITAL

(VRA 15, 4)

-1985

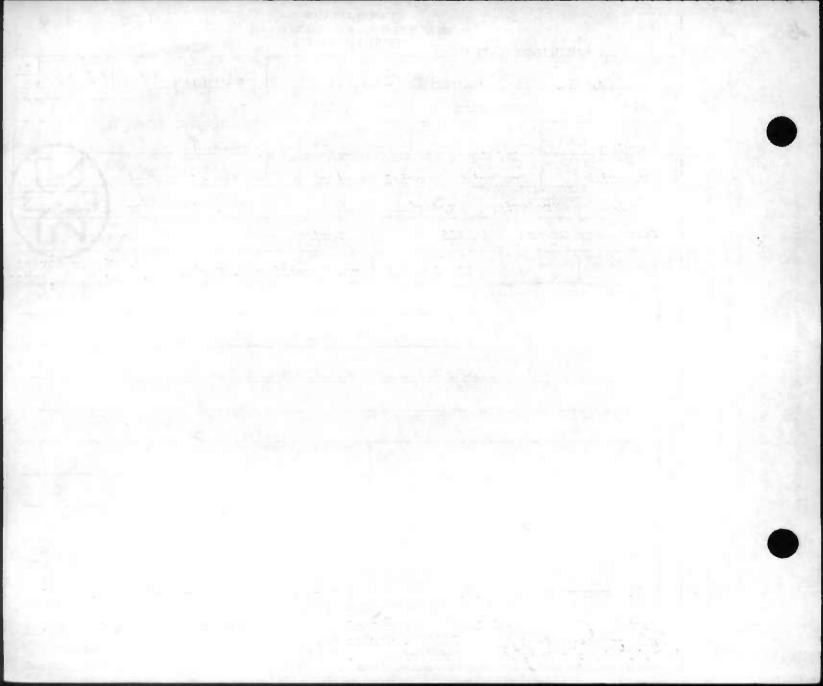
230 NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery
1201 N. Market St. 250 DATE REC.
Frederick, Md.21701 82 2

23d LOCATION
CITY OR TOWN

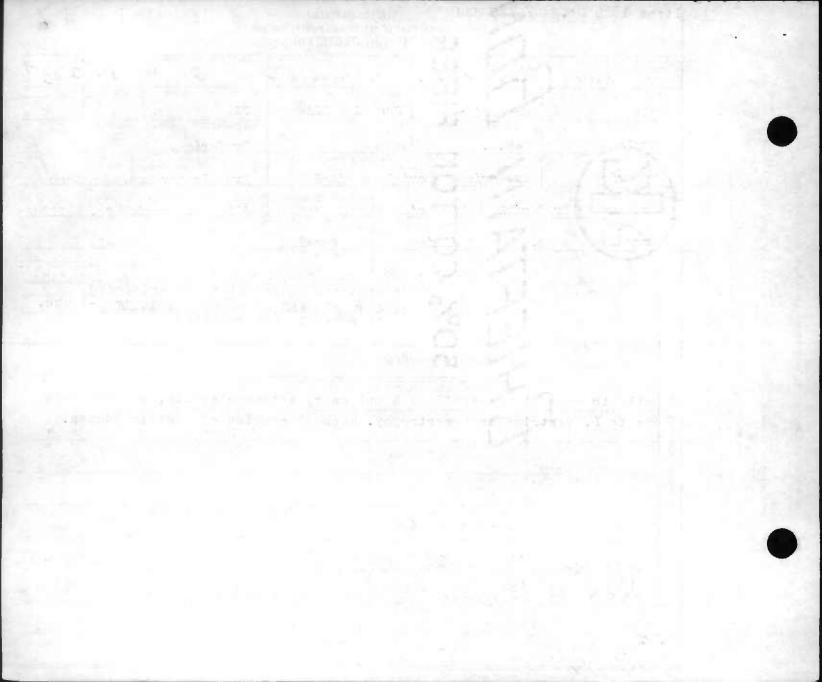
Y Frederick, Frederick, Md.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

. . .



2		FOR STATE REGISTRAR	Pt.2	4/9/85		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	REG. NO.	5 2	5 /	
		CEASED NAME OR PRINT) ROS	FIRST		JOET/1	4	schilling	20. DATE OF D	2 MONTH	f DAY YEAR	2,03 M	
	3 SEX Male 70. BIRTHPLACE (STATE OR FORE) COUNTRY)			4. RACE Caucas	ian	5. DATE O		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
death.	M	aryland		U.S.A.		WIDOWE		Frede	BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Frederick.			
by the fulfiled with	Frederick USUAL RESIDENCE (IF NURSINI 130. STATE			11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial EOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION				CUPATION OR MOST OF WORKING Leaner	G LIFE) INDUSTRY	None None		
AND 2120	13a. S M	aryland	1% COU		13c. CITY OR TOW Freder:	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET AD	DRESS / ZIP CC ast Par		21701	
10 de la company 2 de la compa	Н	THER'S NAME FIRST arry	Z	MIDDLE 4.	Shilling	,	15. MOTHER'S MAIDEN NA FIRST Bessie		ADDRESS	Fogle	iT	
on and or sees in medica			(IF YES, GIV	VE WAR OR DATES)	220-10-	5206	Mr. Lloyd S		317 ng Fre	derick.	trick St. Md.21701	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Britain W. PRESTON ST., Britain St., PHYSICIAN: The law requires that the death certificate has been signed by the ottending phase the burial-transit permit. Then please remaye carbanpos the burial-transit permit. Then please remayer carbanpos the and Mental Hygiene prior to burial, cremation, or remaind arked at them 18 shows any injury, or other traumatic even	CATION	mild to	, which mediate ng the last	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	neralize	ENCE OF	n subacute p NOT RELATED TO THE TERM ulmonary art	AINALDISEASE C	or condition rosis,		egaly	
DF VITAL RE	CERTIFICATION	210. ACCIDENT WAS UN	DERLYING [21b. TIME O	F INJURY	AY YEAR	21c. HOW INJURY OCCUR	YES 🔏 🗈	10 🗌	YES 🗌	NO [
ENDING PHYSICIA Toll or ottending physicia Toll or ottending physician Toll or ottendi	MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE AT WORK NOT W. AT W. 220.1 certify that (1) saw the deceas	CALEXAMINEI RED HILE RK (this hasp	P. 21e. PLACE (AT HOME, STI	M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM ETC)	211 LOCATION STREET 19 nd that in (my) (aur) aprinion	2 to2_	an the date and	COUNTY	state that It (we) last	
O HOSPITAL OR ATT etomed by the hospit to FUNERAL DIRECTI should be detoched for with the State Dept. of MPORTANT: If them 2		abave, (I) (we) (22b. SIGNATURE	did) (did no	at) view the body	after death.		DEGREE	MEDICAL DIRECTOR D	STAFF PHYSICIAN []	220. DATE 2	SIGNED -4-85	
BP/037		URIAL, CREMATION,	REMOVAL	23b. DATE 2-6-1.	23c. 1		EMETERY OR CREMATORY	23d LOCATI	TOWN	Frederic	ck, Md.	
DHMH - 16 60M	7/2	F Dat Lou	Post	D7	120 LRE N.	Mark	set Street 250.DA		ISTRAR 25b. REC	SISTRAR'S SIGNAT	TURE	



STATE OF MARTLAND	0	3	3	6.30
DEPARTMENT OF HEALTH AND MENTAL HYGIENE				
CERTIFICATE OF DEATH		REG. NO.		

1 - STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH		REG. NO.		
DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
TYPE OR PRINT)	Earl]	Robert		SEECER	Februa:	ry 23,	1985	1:20 P
SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS		IF UNDER TYEAR	IF UNDER 24 HRS
Male		White		June	*28,°1906*EAR	XOOX	78 YR		HOURS MIN.
BIRTHPLACE (STATE COUNTRY) issouri	OR FOREIGN	U.S.A	WHAT COUNTRY?	MARRII WIDOW	EDXX NEVER MARRIED DIVORCED DI	BALTIMORE	city <u>or</u> cour rick Co		M
CITY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCC			F BUSINESS OF
rederick			CHEACILITY, GIVE STREET			(TYPE OF WORK FOR	MOST OF WORKING	GLIFE) INDUSTRY	
ual residence (# N 1 STATE laryland	136 COU		IS CITY OR TOW Prederic	N	13d. INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP CO	ope e., 2170	1.
FATHER'S NAME FIRST Daniel		WIDDLE	Seege:	r	15. MOTHER'S MAIDEN NAME AND MAINTY	М	IDDLE	Bru	st
WAS DECEASED EV	ER IN U.S. AF	E WAR OR DATES	None		17 INFORMANT ME	adeline		414 Bigg	s Ave.
18 CAUSE OF DE	ATH (Enter o	nly one couse pe	er line for (a), (b), an	d (c				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSI	D BY: TE CAUSE (0)	Bom	- hom	miner inn	10-		30	no
PART 2. OTHER S					T NOT RELATED TO THE TERM	200 AUTOPS	Y 20b. IF	GIVEN IN PART 1: YES, WERE FINDI	NGS USED
1000						YES N	OKX III	YES	NO [
OR CONTRIBUTING (CAUSE OF DE	ATH HOUR A	OF INJURY N.M. MONTH D. P.M.	AY YEAR		RED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART ?)	
21d INJURY OCC	TWHILE WORK		OF INJURY TREET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CI	ITY OR TOWN	COUNTY	STATE
sow the dece	eosed olive or		- 17 - L	5	and that in (my) (our) opinion	death occurred o	n the date and		that (It (we) lo couses stated
226. SIGNATURE	D		1	-	DEGREE	1.165	67.455	22c. DATE	SIGNED
///	FIR	mer	rhu Y	nD	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN [2	- 25-8
224 PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS			17 11 11	
Dr.	Rex R.	Martin			North Market	t St., F	rederic	k. Md. 2	1701
BURIAL CREMATIC	N REMOVAL	123b. DATE	73r 1	NAME OF	CEMETERY OR CREMATORY	23d. LOCATIO			
Burial	Pila		261 1985		t Olivet Cemet		derick,	Frederic	
FUNERAL DIRECTOR	hith, I	Geney &	Basford	Fune	ral Home 250 DAT	E REC'D. BY REG	ISTRAR 256. REC	SISTRAR'S SIGNA	TURE

Funeral H Md. 21701

Julia Davidson Randoll

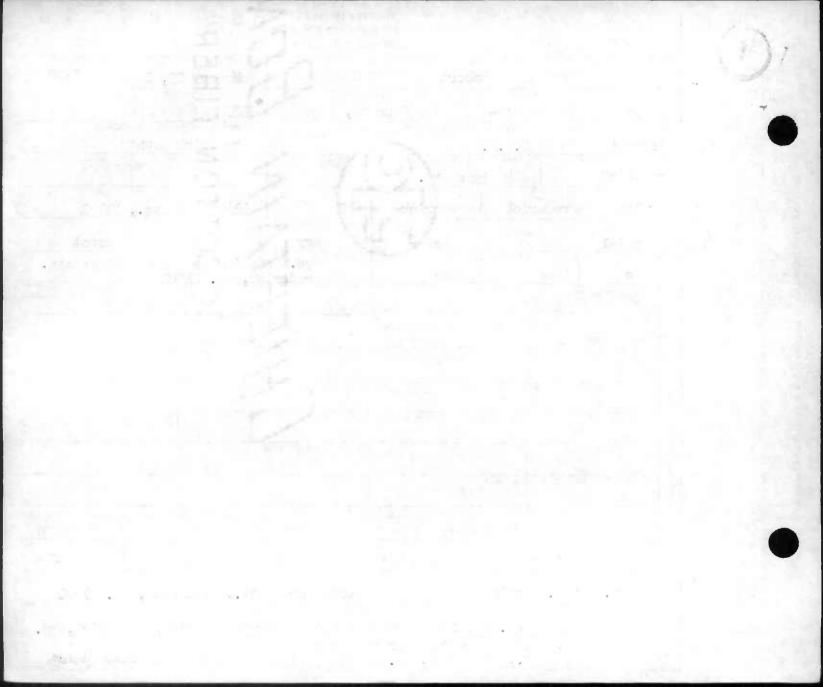
Basford Frederick,

DHMH - 16 60M 7/84

(VRA 15, 4)

106 East Church St., Fre

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examine

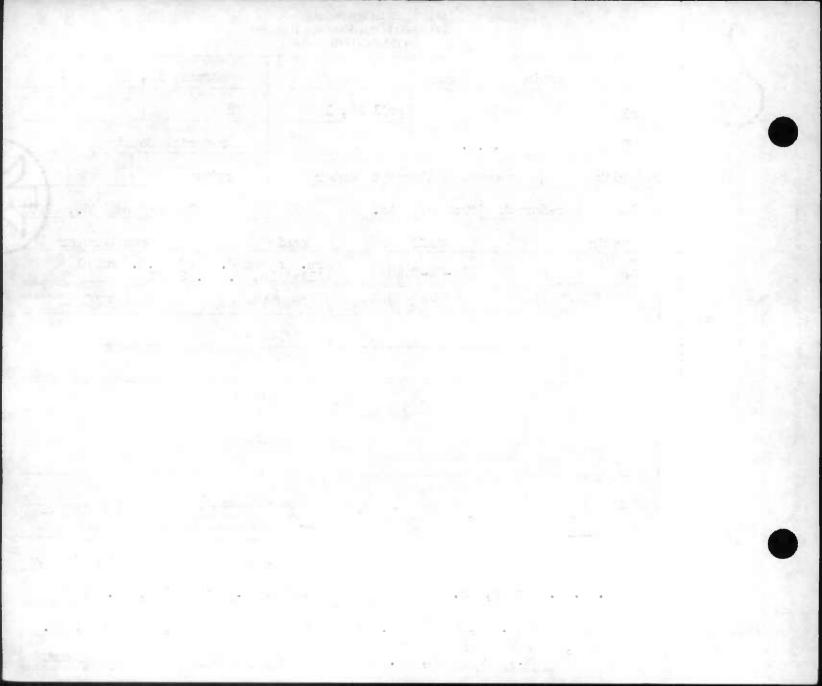


STATE OF MARYLAND

1	- STATE REGISTRAR			DEPART		CATE OF DEATH	REG. N	Ю.		
	ECEASED NAME	FIRST	-	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
{174	YPE OR PRINT)	Aust	in	Ditmar		SHAFF	Februa		1985	7:00
3. S	SEX	1	RACE	71.0	5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	MONINS DATS	IF UNDER 24 HRS
	Male		White Api		April	18, DAY 1906 FAR	78	YRS.		HOURS MIN
70	BIRTHPLACE (STATE OF	FOREIGN 7	76. CITIZEN OF WHAT COUNTRY? 8		8 MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY OF DEATH			
7	Haryland	1	U.S	.A.	WIDOWE	_	Freder		unty	N
/)	city or town of de Frederick	ATH	LIF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET OOD RETIT	ADDRESS)	Center Center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (Barber	ION OF WORKING LIF	E) INDUSTRY	rber
130	ual residence (# NU 1. STATE Maryland	13b COUN		Braddock	N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	zip code	ldock Ro	1., 217
011	father's Name Au sti n	<i>N</i>	IDDLE	Sh af í		15 MOTHER'S MAIDEN NA.	WIDDLE		ınneberi	
160.	WAS DECEASED EVE	R IN U.S. ARA	WAR OR DATES)	218-30-5		17. INFORMANT Nrs. Ram Millvill	ona J. Sha:	ff P.C 251,32		
	18 CAUSE OF DEA PART I. DEATH	TH (Enter only WAS CAUSED	BY:	line for 101, (b), on		ory Thromb	osis		BETWEEN.	ONSET AND DEATH
Z		se lost.	(c)			NOT RELATED TO THE TERM	MIN D DISEASE OR COM	IDITION GIV	/EN IN PART 1	0
CERTIFICATION	198 DATE OF OPER	ATION	7070.00	- Warde	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDII FYING CAUSES	NGS USED OF DEATH?
MEDICAL CERT	On COLUMN TURE	CAUSE OF DEAT	Ρ.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR				
MED	216 INJURY OCCU	WHILE	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	22a.1 certify that (sow the decea above, (1) (was	sed olive on_		9 195	50,00	d that in (my) (ampopinion	death accurred on the o	lote and hou	ond from the	that (I) (we) to couses stated
	22b. SIGNATURE A A A A			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				120. DATE	SIGNED -11,198	
/	22d. PHYSICIAN'S N		PRINT) Thomas,	Jr.		22e ADDRESS North Market	St., Frede	erick,	Md. 2]	1701
230	BURIAL, CREMATION (SPECIFY) Buria		2.0	2, 1985		emetery or crematory Olivet Cemete	23d LOCATION CHIY OR TOWN Prederic	ck, Fr	rederich	, Md.
24	106 East C	th, Kee	ency &	Basford, F	unera	1 Home 250. DAT	R 14 1985	25b. REGIST		URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

0	5	2	6	0

11.	STATE REGISTRAR	Per Antin	CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	WIDDLE	(ASI	20. DATE OF DEATH	HIMON	DAY YEAR	2b. HOUR
{ I YPI	Judi Judi	Marie		SHECKLER	Februar	y 18	, 1985	7:26A M
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 24 HRS
1	Fenale	White	Sept	. 23, 1943	41	YRS	MONTHS DAYS	HOURS MIN.
4	IRTHPLACE (STATE OR FOREIGN COUNTRY) Lary Land	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Frederi			MD.
	ITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURSIN LIFNOT IN SUCH FACILITY, GIVE STREET Frederick Memor			120 USUAL OCCUPATION OF WORK FOR MOST OF HOMERIAL C.T.		IFE) INDUSTRY	F BUSINESS OR
13a.	STATE 136 COUP	OTHER INSTITUTION GIVE RESIDENCE BEFORE UTY 13c. CITY OR TOW Prick Freder:	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2834 Baller	ZIP COD	Creek P	k., 2170
14. F/	ATHER'S NAME FIRST Benson	MIDDIE Sodemai	า	15. MOTHER'S MAIDEN NA FIRST Marie	MIDDLE		Vido	ris
		MED FORCES? (SE WAR OR DATES) (Die 213-42-6)		Bruce W. S Frederick,	heckler, Jr. Md. 21701	233	4 Balle	nger Cre
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	not em	boli on bor	· 5 5 (far.	
CERTIFICATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR			PART 1 OR PART 2)	NO [
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CITY OR TOV	AM	COUNTY	STATE
	saw the deceased alive an above (1) (we) (did) (did no	ital) attended the deceased fram	85,0	1979, 19	deoth accurred an the da	So te and ho	our and from the	
	22h SIGNATURE	oh on		ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE	18/85

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: etoined by the hospital TO HOSPITAL

IMPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or other troumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar remaval

Feb. 20, 1985

23e. BURIAL, CREMATION, REMOVAL

Dr. P. Gregory Rausch

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

236 LOCATION CITY OR TOWN

4 West Seventh St., Frederick, Md. 21701

Fort Lincoln Cemetery Brentwood, Prince Geo. Smith, Keeney & Basford Puneral Home 106 East Church St., Frederick, Md. 21701

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	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5	0 5 2	6
m. r.		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR	2b HOUR
page 3			r Lelia Sheedy	Feb. 23,		1:05a M	
ector, pour safter in saft	3. SE:	Female	4.RACE White	Jant of Birth	6. AGE IN YEARS LAST BIR	THDAY] IF UNDER 1 YEA MONTHS DAY:	
in by the tuneral director, pose filed within 72 hours after the rolling digner.		RTHPLACE (STATE OR FOREIGN COUNTRY) New York	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD
		TY OR TOWN OF DEATH mitsburg	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET VILLA St. Micha	OG HOME OR OTHER INSTITUTION ADDRESS! el, Emmitsburg, Md.	120. USUAL OCCUPATION OF WORK FOR MOST ON NUTSE	F WORKING LIFE) INDUSTR	of Business or s. of Cha
THE COLUMN	13a. S	TATE 136. COUR	other institution, give residence before NTY 13c. CITY OR TOW erick Emmitsbu	/N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 333 S. S	eton Avenue	21727
completely fill and 2 should be a should b	14 FA	THER'S NAME Edward Sheedy	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Elizal	me MIDDLE	Į.	LAST
Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	A THE SHAR OR DATES		ADDRE		mitsburg
e low requires that the aeo nos been signed by the otter permit. Then please remove, ne prior to burial, cremation ws any injury, ar ather fraum	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT (INAL DISEASE OR CON	DITION GIVEN IN PART	DINGS USED
e n	TIFIC				YES NO	IN CERTIFYING CAUSI	NO 🗆
this certificate the burial Hygical	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE. IF EITHER, NOTIFY MEDICAL EXAMINET	HOUR A.M. MONTH D.	211 LOCATION	RED (ENTER NATURE OF INJUI		STATE
spital or off STOR: After for use as the of Health a		WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceosed alive on obove (1) (we) (did), Gid no obove (1) (we) (did), Gid no obove (1)	ital) attended the deceased from 19	1977, 19, and that in (6) (aur) apinion	death occurred an the de		e, that $\mathcal{O}(we)$ last the causes stated
FUNERAL DIRECTION OF THE POST OF THE Stote Dept.		226. SIGNATURE 226. PHYSICIAN'S NAME APE OF	n TMounty	DEGREE ATTENDING PHYSICIAN (2) 120 ADDRESS	MEDICAL STAI DIRECTOR PHYSIC		eb 85
TO FUNERAL should be det with the Stote		George L. Morr		S. Seton Ave		rg, MD 21727	7
BP		Burial Burial	236. DATE 23c. 1	St. Joseph's	23d LOCATION CITY OF TOWN Emmitsb	urg, Freder	state MD
MH - 16 50M 4/B2 (VRA 15, 4)		uneral director kiles Funeral H	lome, Emmitsburg,			256. REGISTRAR'S SIGNA	47.387

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product and of	al i. Marit - a	decomo y F-	- 1-124	
		to frame		
	- 8	7 6 7 77		MAN!
			of days	
Cox, West		"Harry II		
			51. cile	

	(F. ()
	h. Poge 4 m	of director, 2 hours off
10	s after deat	completely filled in by the funeral di . 1 and 2 should be filed within 72 har
rLAND 212	thin 24 hour	should be f
ORE, MAR	executed wit	and complete
T., BALTIM	dificote be	physicion on popers. P
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 minuterationed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, agriculd be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
.DS, 201 W.	quires that	signed by then please to buriol, cre
TAL RECOR	The low reicion.	te hos been sit permit. I giene prior
SION OF VI	O HOSPITAL OR ATTENDING PHYSICIAN: The Letoined by the hospitol or ottending physicion.	this certifico e buriol-tror id Mentol Hy
DIVIS	TENDING pitol or offe	TOR: After for use os the of Heolth on
	TAL OR AT	e detoched forte Dept. c
	O HOSP etoined	should be

injury, or other troumotic event, the medical pregra

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

Cremation

STATE OF MARYLAND FOR STATE REGISTRAP

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DEC	EASED NAME	FIRST	A	MIDDLE	i	AST		2g. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOL	IR .
	OR PRINT)	TAT EAT		CT ADIZ	Ch	AT TITLE		D-1		10	1000		3:15	-+
0.05		SALEN		CLARK		IITH			oruary		1985		IF UNDER	M 24 HDS
3. SEX			4. RACE		5. DATE C	DA'	YEAR			BIRTHDAT;	MONTHS	DAYS	HOURS	MIN.
	Male	11.11	White		July	16	1910		74	YRS				
	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVI	ER MARRIED		MORE CITY	_	TY OF DE	ATH		
	ryland		U.S.	Α.	WIDOWE		DIVORCED [Freder	ick				MD.
	TY OR TOWN OF DEA			OSPITAL, NURSIN		OR OTHER I	NSTITUTION		AL OCCUPA			KIND O USTRY	FBUSINI	SSOR
E	ddock Heig		Vindobo	na Nursin	g Hon	ne			otrol1				com	pany
13a. S	TATE TYLAND	136 COUN		Frederic	1	13d. INSID	NO [130. STRE 314	et address Brook	lawn	Apts		2170	1
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTH	ER'S MAIDEN N	AME	WIDDLE			LAS	T	
	George			Smith		I	Laura				C.	lark		
	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECUI		17. INFOR	THAMS	3.	14 BYO	oklaw	m Apt	cs.		UL 90
	Yes	WW	E WAR OR DATES)	214-10-2	.809	Luger	nia Smit	h Fr	rederi	ck, M	D 217	701		
	18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), and	1(0)		, 1	2 6			. 8	APPROXI	MATE INTE	DEATH
	PARTI. DEATH W	IMMEDIA"	/	andro	Res	ma	son 00	reur						
			DUE TO, O	R AS A CONSEQUE	NCE OF			.,						
	Conditions, if any,		1 (6)	ar adva	new	amy	lospon	after	tury 7	real				
	gove rise to imr		DUE TO OF	R AS A CONSEQUE	NCE OF	a	see	organ	Rue 1	timo				
	underlying cause	last.	(0)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Perp	Rue M	lemo	- July			
	PART 2. OTHER SIGN	VIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELA		-	W	4.1	SIVEN IN F	PART 110		1
CERTIFICATION	nerve .	Deng	men , 6	Haucoma	-, 0	hum	illmay	There	tory	ente (Puc	- 7	134	sech)
S.	190. DATE OF OPERA	TION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	200 A	UTOPSY?		YES, WERE			
E								YES] NO [III CEN	YES [. AUGEG	NO [
8	210. ACCIDENT WAS UNE	DERLYING [216. TIME O			21c. HOV	V INJURY OCCU	RRED (ENTE	R NATURE OF IN	JURY IN ITEM 1	B PART I OR	PART 2)		
	OR CONTRIBUTING		NIH.	M. MONTH DA	Y YEAR									
MEDICAL	(IF EITHER, NOTIFY MEDI-		21e. PLACE	M. OF INJURY	19	21f. LOC	ATION							
ME	WHILE NOT WE	HILE [REET, FACTORY, OFFICE FA	ARM, ETC.)		REET		CITY OR	TOWN	col	UNTY		STATE
	220.1 certify that (1)		ital) attended the	e, deceased from		19	@ 719	, to	Feb-	10	, 198	5.	that (I) (we) lost
	saw the decease	ed alive an	it) view the body	after death.	5,01	nd that in (my) (कळ opinio	n deoth occu	orred on the	date and h				ated
- 1	226. SIGNATURE			,		DEGREE					22	DATE	SIGNED	
1	20010	to	Jung	~	M	D	PHYSICIAN	MEDIC DIRECT	OR PHYS	AFF SICIAN [2/1	3/8.	-
5	22d. PHYSICIAN'S N			-		22e ADD		,		7			~	
2 6	GILCIN	F.MC	EADORS,	, IR MO		810	TOLL H	CUSE	Dre,	TRE	DERN	ck,	MD.	4701
22- 6	UIPIAL CPEMATION	DEMOVAL	Took DATE	122. A	IAME OF C	EAAETERV	OP CPEMATORY	1224 10	CATION					

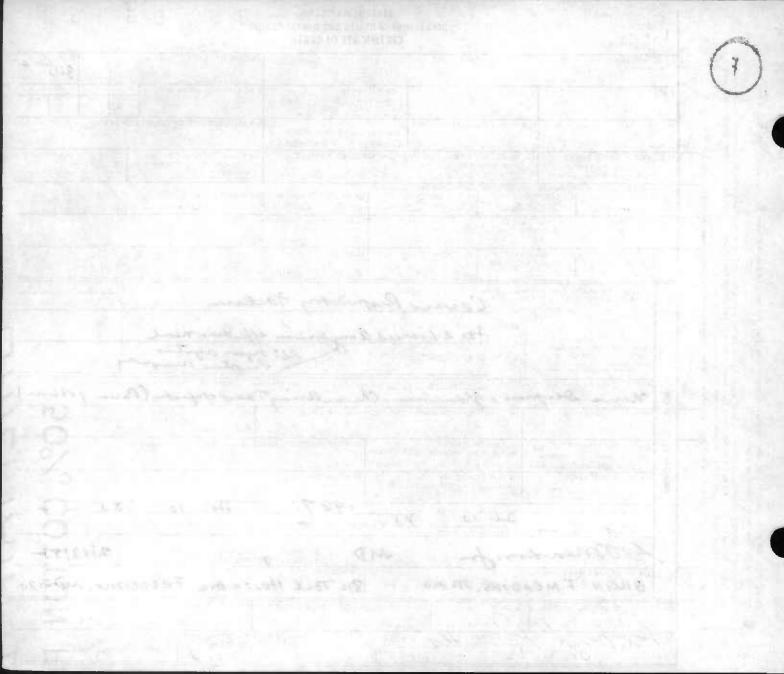
Feb. 11, 1985 Smithsburg Crematory

DHMH - 16 50M 4/82

Ricketts Funeral 804 Main Street Myersville, MD 21773 Home (VRA 15, 4)

Smithsburg Washington Maryland

D BY REGISTRAR 256 RECISTRAR'S SIGNATURE ia Davidson-Randale -

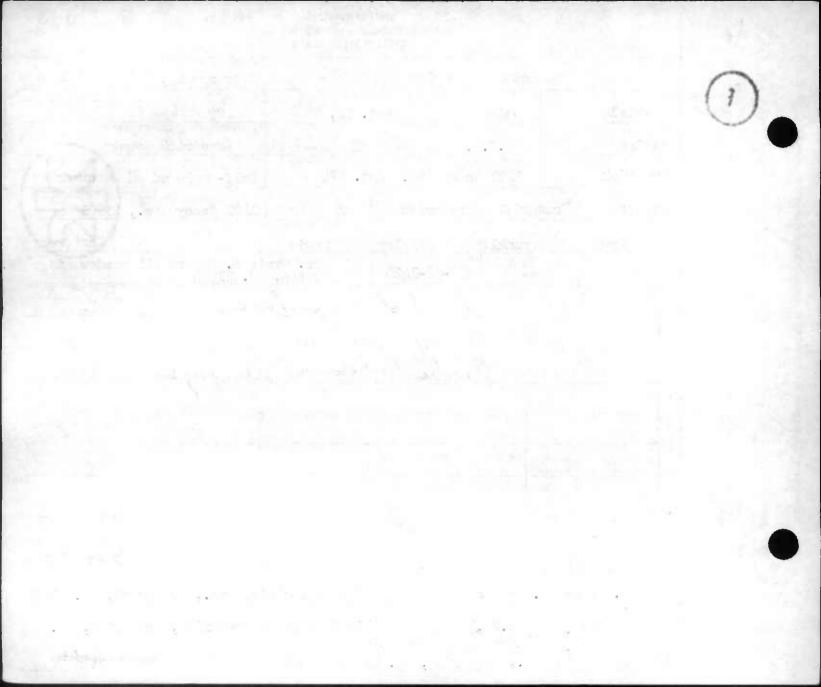


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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shawsony injury, or other traumotic event, the medical exam

1,	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND SEALTH AND MENTAL HYC	GIENE 8 5	0	5 2	6 3
	REGISTRAR		1.0			ICATE OF DEATH		REG. NO.		
	ECEASED NAME	FIRST		MIDDLE		A T TOTAL	2a. DATE OF DI		DAY YEAR	2b HOUR
			lotte	Shipley	7 ST	ALEY		ry 23, 1		10 A M
3. SE	X		4 RACE		S. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
0	Female		White		Sep.	t. 20°, 19°5	79	YRS		
	IRTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
Ma	aryland		U.S.	A	WIDOW		Fre	derick Co	ounty	MD.
	ity or town of DEA rederick	ТН		HOSPITAL, NURSING HEACHLITY, GIVE STREET, Taney Ave		pt. 524	170 USUAL OC LITYPE OF WORK FO Self-E	CUPATION R MOST OF WORKING LI MPloyed	FE) INDUSTRY	market
13g.	AL RESIDENCE (# NURS STATE Aryland	136 COUN	other institution ty erick	GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	13e STREET ADI	oress / zip cod	2170	1.
14. E.	ATHER'S NAME FIRST Harry	٨	Frankli	n Shi	plev	15. MOTHER'S MAIDEN NA	AME	AIDDLE	TA.	sterday
	WAS DECEASED EVER	(IF YES, GIVE	MED FORCES? WAR OR DATES) NO	166 SOCIAL SECU 215-18-1		17 INFORMANT Cre	eta S. S Md. 212	mouse 611	4 Meado	w Rindge H
NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O	CAS A CONSEQUE CAS A CONSEQUE PLAS A CONSEQUE CASTIC	NCE OF O	bolomero NOT RELATED TO THE TERA	Onle	ir andition gi	VEN IN PART 1	les
CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTI	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
	21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RRED (ENTERNATUR	E OF INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	216 INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE F.	ARM ETC)	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	22a I certify that (I) saw the decease above, (I) (www) (e	ed olive on		1/15 19	1.00	nd that in (my) (our) opinion	death occurred a	in the date and ha		that (I) (wellast
	226. SIGNATURE	lent	+S, A	ngue		DEGREE ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF PHYSICIAN	2/2 DATE	SIGNED 5/1985
	Dr. Rob			S		700 Mountela	aire Ave	., Freder	rick, Mo	1. 21701
	BURIAL CREMATION, (SPECIFY) Burial	Rich	Feh 20	1985 Mc	unt (EMETERY OR CREMATORY Dlivet Cemete:	23d LOCATH		ederick	Md. STATE
24 F	UNERAL DIRECTOR to	h, Ke urch	eney & St., Fr	Basford, Federick,	unera Md. 2	21701 FEB	12 8 198	istrar 756. REGIS	TRAR'S SIGNA	TURE Malle



mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE REG. NO.	3 2 0 4
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Reb	ecca E.	STANG	February 1	1, 1985
3. SEX	4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	White	Jan. 3, 1898 YEAR	87 Y	RS. MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
Haryland	U.S.A.	WIDOWED DIVORCED	1/2000000000000000000000000000000000000	County, MI
ii city or town of death Frederick	11. NAME OF HOSPITAL, NURS (14 NOT INSUGHACILITY, GIVE STR METIDIAN NUT	SING HOME OR OTHER INSTITUTION SING Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	126. KIND OF BUSINESS OR INDUSTRY HOME
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CQ	or other institution, give residence berounty rederick 13c. CITY OR TO		130. SIREEI ADDRESS 800 Motter	Ave., 21701
14. FATHER'S NAME William	A. MIDDLE J. Peamroy	is. mother's maiden n Iu 1 u		
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES! 220-01		Rudy. 213 Broad	
	Diabete	OUENCE OF O DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 110
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	JRRED (ENTER NATURE OF INJURY IN ITER	N 18 PART I OR PART 2] COUNTY STATE
AT WORK AT WORK	and all ottended the deceased from	1/200	T Present	10 shearth (my loc
sow the deceased alive above, (1) () (did) (did	2/	OPI	n death occurred an the date and	haur and from the causes stated
22b. SIGNATURY	Danis		MEDICAL STAFF DIRECTOR PHYSICIAN	2/15/85
Dr. LeRoy	r. Davis, M.D.			derick, Md. 21701
236. BURIAL, CREMATION, REMOV		Mt. Olivet Cemeter	CITY OF TOWN	Frederick Md.

Home

DHMH - 16 50M 4/82 (VRA 15, 4)

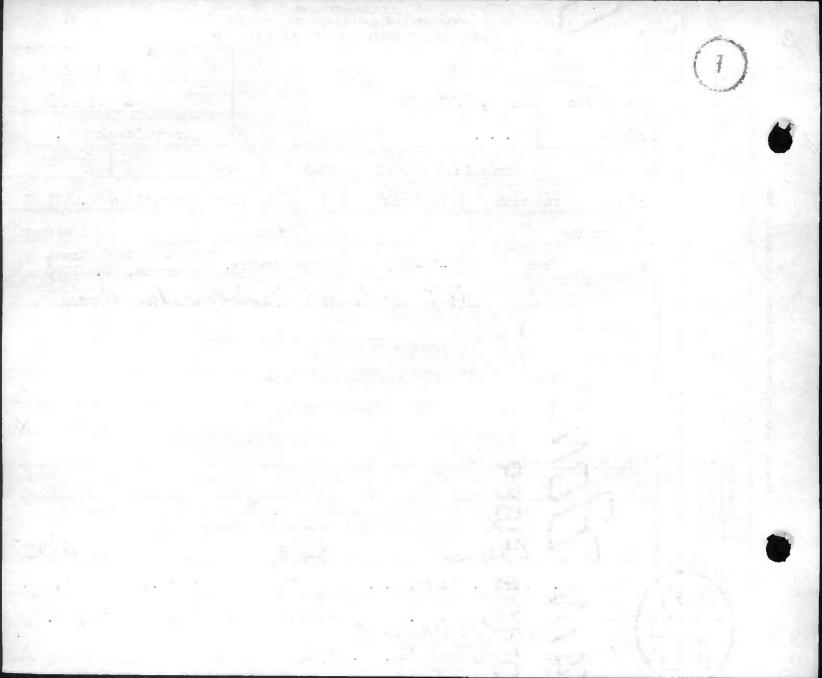
Meth, Reeney and Basford Maneral 106 East Church Street, Frede ick,

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TO FUNERAL DIRECTOR should be detache with the State Dea

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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICAIE OF DEATH	REG. NO).		
	1. DECEASED NAME FIRST	MI	DDLE		AST			DAY YEAR	26 HOUR
	(TYPE OR PRINT) EUDI.	13 0	zabet	h 5	1104		2 1	9 85	12:00p M
	3. SEX	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
Ц	Female	Whit	e	March	1 20, 1907	77	YRS	MONTHS DATS	HOURS MIN.
Į	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
A	Maryland	U.S.	A.	WIDOW		Frederick	Coun	ty,	MD
ß	O CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS OR
7	Frederick	Freder	ick Memo	rial	Hospital	Teacher	WORKING LIF	Educa	ation
2	USUAL RESIDENCE (IF NURSING HOME OR 13 COUN		IVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		
1		lerick	Frederi	ck	YES NO	9703 Hanso	nvill	e Road	/21701
1	14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		173	LAS	
	William Cl	.emm S	hoemaker		Sadie	Elizabet	h	Harr	er
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	9703 Hans	onvil	le Road	i
	(YES, MO OR UNKNOWN) (IF YES, GIV	,	214-28-5	606	Glenn C. Stu	ull, Frederi	ck, M		
9	18 CAUSE OF DEATH (Enter on		ine for (a), (b), and	d (c+ l)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (a)	r-5/	2	orrest				
		DUE TO, OR	AS A CONSEQUE	NCE OF					
	Conditions, if ony, which	(ıb)	15 12	onl	forllor	2			
	gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF					
	underlying couse lost	(c)	chron	10	Lymphoc	4610 1	ruhz	41(2)	
	PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ntributing to D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
	19a DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIT YING CAUSES	
4	RIM	2 100 7005 05	5.11157		Tax How himsy occurs	YES NO	YE		NO []
1		1100110 4 44	MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA			19	NU LOCATION				1000
	21d. INJURY OCCURRED WHILE IN NOT WHILE IT	(AT HOME STREET	ET, FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK			,	9 8 2 10	2/1	-		
	220.1 certify that (1) (this hospi			55	nd that in my (our) opinion	denth accurred no the dr	to and have		tho (we) lost
	sow the deceased blive on above, (1) (we (Idid) (did no 27b. SIGNATURE	t) view the body o	fter deoth.		DEGREE	acom occurred on the de	ne ond noo	22c DATE	
	20. SIGNATURE	7/			ATTENDING	MEDICAL STAF		III. DAIL	SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	Color .			PHYSICIAN [DIRECTOR PHYSIC	IAN	12/	19/85
						-+1 C+ T	4	1. MD	21701
	P. Gregory	Kausch			4 West Sever	nth St., Fre	deric	K. MD.	21/01

231. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR.

MPORTANT: IF He

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR G.Douglas Stauffer, Frederick, MD. 21701

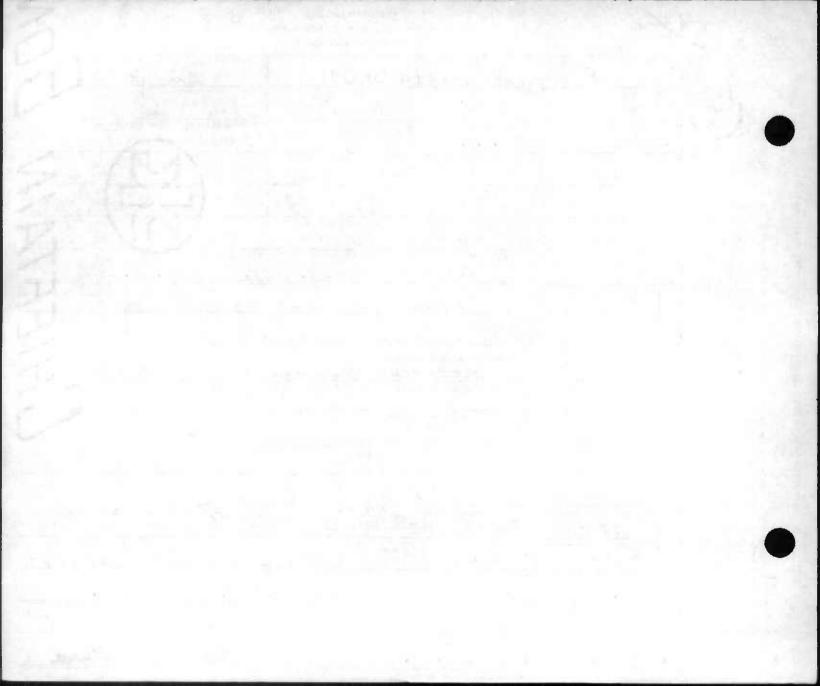
23b. DATE

2/22/85

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Resthaven Mem Gardens Frederick Frederick Md 250. DATE REC'D. BY REGISTED 2 5 1985



injury, or other traumatic event, the

IMPORTANT: If Hem 21 is morked or Item 18 spews ony

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF DEPARTMENT OF HEAL

MARYLAND TH AND MENTAL HYGIENE	8	2	0	5	2.	6	1
TE OF DEATH		REG. NO.					

REGISTRAR		CERTIFICA	TE OF DEATH	REG. I	NO		
1. DECEASED NAME FIRST	MIODLE	LAST		20. DATE OF DEATH		OAY YEAR	A HOUR
(TYPE OR PRINT) Woodr	ow Wilson	Stu	11	February	6, 1	985	8:10a
3 SEX	4 RACE	5. DATE OF BI	RTH	6 AGE JIN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
Male	White	Sept.	19, 1912	72	YRS.	MONTHS DAYS	HOURS MIN
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY	1110.	Y OF DEATH	
Maryland	U.S.A.	WIDOWED	NEVER MARRIED	Frederi	ck Cc	nintv.	, M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	The same of the sa	Lad	120 USUAL OCCUPA	TION	12b. KIND	OF BUSINESS O
Frederick	Frederick Me		Hospital	Maintena			d.City
	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		nospital	Maintena	nce	rie	a.city
13a. STATE 13b. CO	UNTY 13c. CITY OR TO	VN 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	E Donal /	21701
Maryland Fr	ederick Freder		MOTHER'S MAIDEN NA	10107 Pu	tman	Road/	21701
FIRST	MIDDLE	15.	FIRST	WIDDIE		U	AST ,
Clarence	B. Stull		Ida	May	DE O.C.	Wac	hter
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SEC		INFORMANT	ADD 1	0107	Putma	n Road
No	220-10	-5821	Annabelle	Stull, F	reder	cick, M	D. 217
18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), a	nd (c).)	(li	ght chair		BETWEEN	XIMATE INTERVAL LONSET AND DEATH
PART I. DEATH WAS CAU	SED BY. ATE CAUSE (0) Meta:	tatie	Multipl	e oryela	ma	7	2 45
170000		ITALICE OF	7	100			1
Conditions, if ony, which	DUE TO, OR AS A CONSEQU	DENCE OF					
gove rise to immediate	(b)						
cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF					
2.07.0 07.150.0 00.0 00.0	(c)	DE 1711 DUT 1101				VENT DA DA DY 1	
	T CONDITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE OR CO	NULLION GIV	VEN IN PARI I	10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHICH	H ODERATION W	AC DEDECORMED	20a AUTOPSY?	Tank IE VE	S, WERE FIND	INICS LISED
DATE OF OPERATION	140 CONDITION FOR WHIC	H OPERATION W	AS PERFORMED		IN CERTI	FYING CAUSE	S OF DEATH?
2				YES NO		ES 🗌	№ □
CO CONTRIBUTION C CAUSE OF	HOUR A.M. MONTH		HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMIN		19					
(IF EITHER, NOTIFY MEDICAL EXAMINATION OCCURRED	218. PLACE OF INJURY		LOCATION	CITY OR	rown	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY, OFFICE	PARM, EIC)					
22a.1 certify that (I) (this has	pital) attended the deceased from		3/1 19 79	, to2 /	6	19 25	that l) (we) lo
saw the deceased alway	not view the body after death.	85 and th	at in my)(aur) apinion	death occurred on the	date and had	ur and from the	e causes stated
22b. SIGNATURE	nor view the body after death.	DEG	REE			22c DAT	ESIGNED
Chris	ale Tille		ATTENDING	MEDICAL ST	AFF	2/	6/85
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	1220	ADDRESS	DIKECTOK PHTS	IC IAIN [-(0
Charles	R Clark	mi	411	7+1	54	7-10-	LM L
		7	7 601	164	- (1 ready	cry 1100
230 BURIAL, CREMATION, REMOVA (SPECIFY)	AL 23b. DATE 23c	NAME OF CEME	TERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

2/9/85

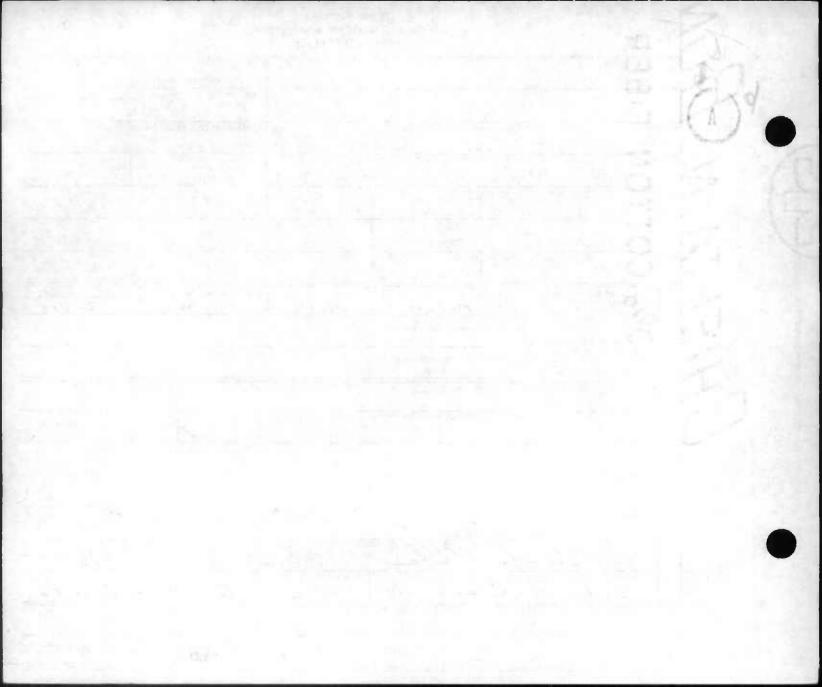
Burial

14 FUNERAL DIRECTOR

G. D. 1621 Opossumtown Pike G.Douglas Stauffer, Frederick, MD. 21701

Faith UCC Cemtery Charlesville, Frederick, MD.

Descumtown Pike rick, MD. 21701 FEB 13 1985



MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

REGISTRAR

DECEASED NAME

- STATE

74 FLINERAL DIRECTOR Singleton Funeral Home, Glen aBurnie, Md.

Burial

Feb 21,1985 Cedar Hill Cemetery

Brooklyn

REG. NO.

MONTH

2h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

STATE

21701

Craft

IF UNDER 1 YEAR

INDUSTRY

Revel

Bussey

YES [

COUNTY

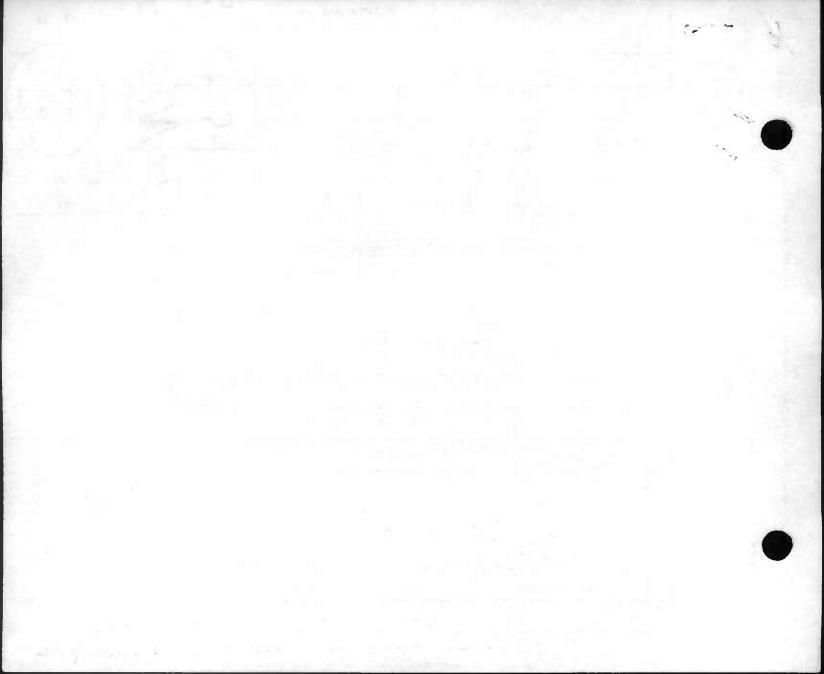
2a. DATE OF DEATH

w Davidson-Randalle

Md.

COUNTY

27c DATEARGNED



	CEASED NAME	FIRST	MIDDLE	1 1		REG. N	MONTH DAY	YEAR 26 HOUR
1111E	D	eNN,5	S.	11	romas	Feb	.8, 198	
3. SEX	× Male	4 RA	Negro	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BU	YRS.	THS DAYS HOURS A
1	RTHPLACE (STATE OR FO COUNTRY) Maryland		U.S.A.	MARRIED WIDOWED			ick Co.	
I	ity or town of dea Frederick	and the second	NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET Frederick Mem	orial I		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Laborer		126 KIND OF BUSINESS INDUSTRY Building
13a S	state aryland	OB HOME OR OTHER	RINSTITUTION GIVE RESIDENCE BEFOR 13c. CITY OR TOW Mt. Atry	/N 13	34 INSIDE CITY LIMITS? YES NO		/ ZIP CODE	le B ₁ vd.217
FA	ATHER'S NAME Charles	MIDDLE	Thomas	1:	s. MOTHER'S MAIDEN NA FIRST Alvert	WIDDLE		Gray
16a V	WAS DECEASED EVER (YES NO OR UNKNOWN)	IN U.S. ARMED			Albert T, H	ADDR		t.Airy.Md.2
	PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CA		1 jul	may as	nest		APPROXIMATE INTERVA BETWEEN ONSET AND DE
ATION	Conditions, if ony, gave rise to imm couse (o), stotim underlying couse	AS CAUSED BY: IMMEDIATE CA which nediate g the lost VIFICANT CONE	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO	A JULY ENCE OF ENCE OF DEATH BUT NO	OT RELATED TO THE TERM	NNAL DISEASE OR CON		IN PART 110
TIFICATION	Conditions, if ony, gave rise to imm couse (o), stotinunderlying couse	AS CAUSED BY: IMMEDIATE CA which nediote g the lost NIFICANT CONE	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO	A JULY ENCE OF ENCE OF DEATH BUT NO	OT RELATED TO THE TERM		20b. IF YES, W	IN PART TO
ICAL CERTIFICATION	Conditions, if ony, gave rise to imm couse (0), stotinunderlying couse PART 2 OTHER SIGN 196 DATE OF OPERAT 216. ACCIDENT WAS UND OR CONTRIBUTING CIFERITHER NOTIFY MEDIC	AS CAUSED BY: IMMEDIATE CA which nediote g the lost VIFICANT CONE ION DERLYING CAUSE OF DEATH CAL EXAMINER)	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	ENCE OF ENCE OF DEATH BUT NO OPERATION AY YEAR 19	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	NINAL DISEASE OR CON 20a autopsy? Yes No	20b. IF YES, W IN CERTIFYIN YES	IN PART TIO VERE FINDINGS USED IG CAUSES OF DEATH!
MEDICAL CERTIFICATION	Conditions, if ony, gave rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CO	AS CAUSED BY: IMMEDIATE CA which neediote g the lost VIFICANT CONE ION DERLYING LAUSE OF DEATH CAL EXAMINER)	DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF ENCE OF DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC.)	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	NINAL DISEASE OR CON 20a autopsy? Yes No	20b. IF YES, WIN CERTIFYIN YES	IN PART TIO VERE FINDINGS USED IG CAUSES OF DEATH!
	Conditions, if ony, gove rise to imm couse (o), stotim underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK NOT WE NO	AS CAUSED BY: IMMEDIATE CA which neediote g the lost VIFICANT CONE ION OPERLYING AUSE OF DEATH CAL EXAMINER) RED III. III.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY	ENCE OF ENCE OF DEATH BUT NO AY YEAR 19 FARM, ETC.)	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET ACTUAL S., 19 ACTUAL S., 19	VINAL DISEASE OR CON 200 AUTOPSY? YES NO CONTROL NATURE OF INJURE CITY OR TO CONTROL NATURE OF INJURE A to Holder Nature on the control Nature of Injury Na	20b. IF YES, WIN CERTIFYIN YES DIRY IN ITEM 18 PART	IN PART 110 VERE FINDINGS USED IG CAUSES OF DEATH? I OR PART 2) COUNTY STATE

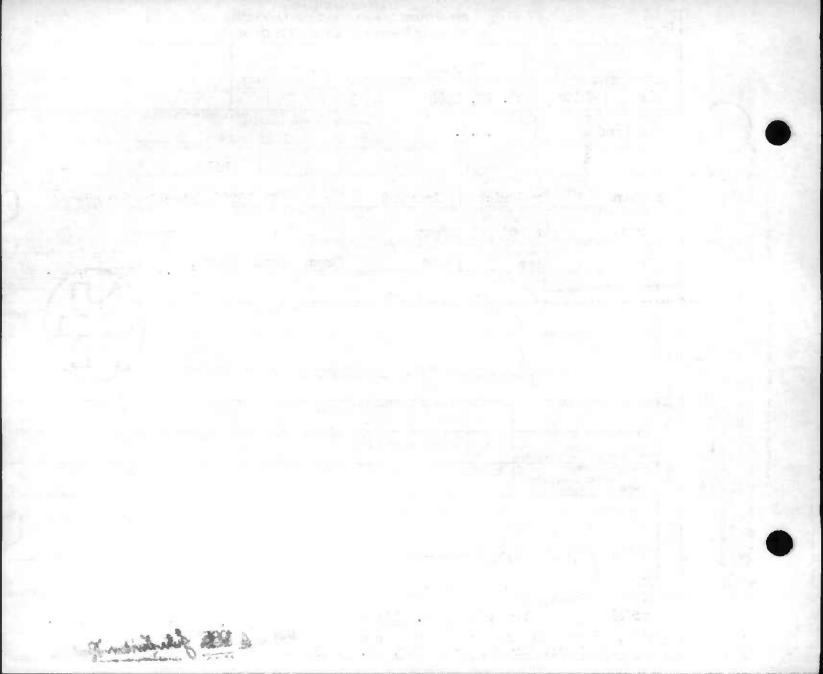
DHMH - 16 60M 7/84 (VRA 15, 4)

Ofin L. Molesworth, P.A., Damascus, Md.

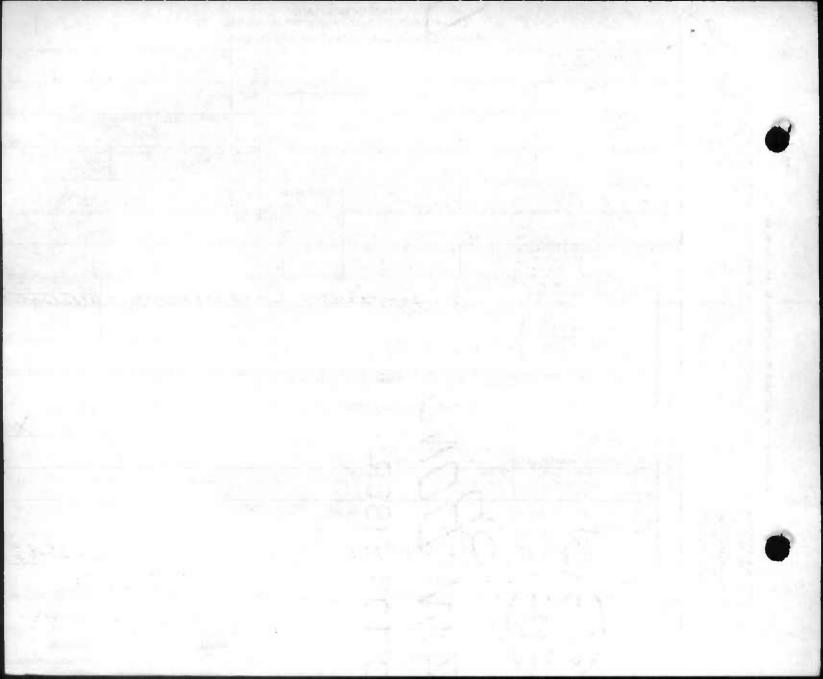
FEB 174 1985 Julia Davidson-Amplate

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82	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	271
Main DE		CEASED NAME FIRST Russel	1 Benjamin TRUMPOWER, Jr. 20 DATE KNOWN MONTH OF ESTI-	DAY YEAR 25 HOUR 24 19 85 M
AARY, PLEA PURPLE YOUR FILE TON STREET		ale 4. RACE white	S. DATE OF BIRTH MONTH DAY YEAR Aug. 15, 1920 64 YRS. 15 UNDER 1 YR. IF UNDER 24 HRS. 7c. DATE MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 7b. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY	DAY YEAR 24 HOUR
25	P	reign country) ennsylvania	USA WIDOWED DIVORCED S Frederick	MD.
POTON IS	F	rederick	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Checker a	or industry
AND 3 AND 3 RETAIR SHOULD RECORD	M M	aryland Washi	ngton Maugansville YES NO 450 Weaver Ave.	21767
OLEAND S	2	Russell		rush
JRS AFTER 3. GIVE PA WITH FOR MITH FOR DIVISION	{Y	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE Y (IF YES, GIVE Y W. W	MED FORCES? WAR OR DATES) 717-09-7574 Mary E. Grubb, Hagerstown, Mo	1.
BE EXECUTED WITHIN 24 HC INDING". IN PENCIL IN ITEM REDICAL EXAMINER ALONG AS A BURIAL - TRAINSIT PERA AITH AND MENTAL HYGIEN CREMATION, OR REMOVAL.	N	Conditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying cause last</u> .	TE CAUSE (o)	allowe
RO "PE A USED OF HE, RIAL,	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
FICATE THE VOILD OUID OUID ON TO THE	MEDICAL CERT	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		
HIS CERTING WRITING /ARDED 1 AGE 3 SH ATE DEPA	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUN	TY STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PORGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE	ope of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apin ral couses	2-25-85
Bb	b		Feb. 27, 1985 Broadfording Cemetery Hagerstown, Wash.,	Maryland
DHMH - 17 (VR A15 ME (5)) 20M 4/B2		NAME	Lvd., Hagerstown, Md. 21740 Character Colorest 1250. Date Rec'd. By Registrar's Six MAR 4 1985 1	



should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova MEDITANT If them 21 is marked or them 18 shows any injury, or other traumatic event,

poge 3

			STATE OF MARYLAND	3 - 1 -	63	
FOR STATE		D	EPARTMENT OF HEALTH AND MENTAL HYGIENE) 3	U	4
REGISTRAR			CERTIFICATE OF DEATH	REG.	NO.	
ACEDALALE	CIDCY	ALIDDLE	1257			-

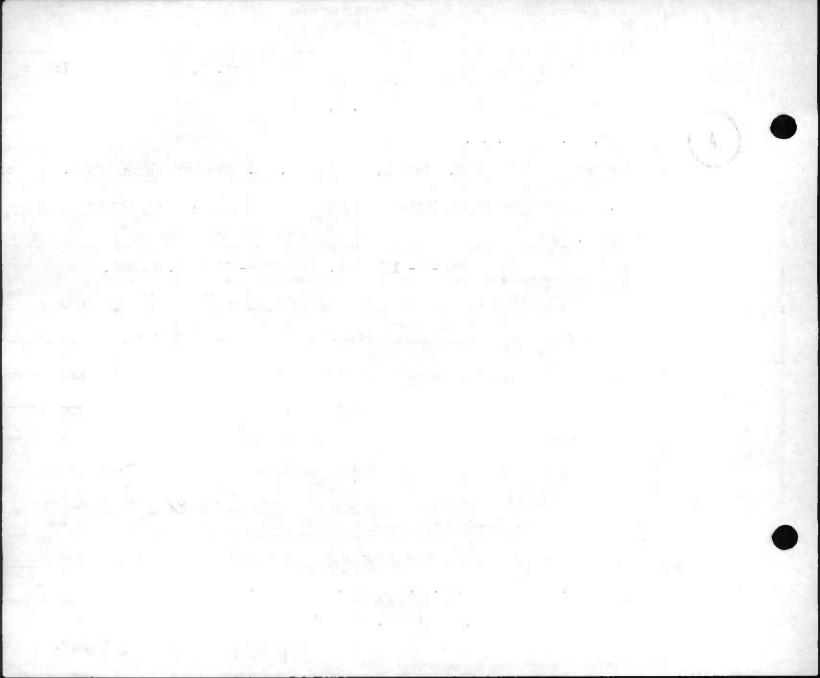
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST OR PRINT) Sister		MIDDLE SS	l	AST	Feb. 9, 19	MONTH DAY	YEAR	26. HOU 7:10	
	3. SE	x Female	4 RACE White		5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	# UNDER	24 HRS MIN
2	N	RTHPLACE (STATEORFOREIGN OUNTRY) Monroe, La.	76. CITIZEN OF	WHAT COUNTRY?	9	D NEVER MARRIED	BALTIMORE CITY OF Frederick		FDEATH		MD.
5		TY OR TOWN OF DEATH	VIIIa	HOSPITAL, NURSING	GHOME C	mmitsburg, Md	120 USUAL OCCUPATI		12b. KIND O INDUSTRY Dgtrs		ss or Cha:
2	13a S			GIVE RESIDENCE BEFORE 134. CITY OR TOWN Emmitsbu	V	134. INSIDE CITY LIMITS?	333 S. Se	ton Ave	enue	173	1
1	Ве	ernard J. Voss	MIDDLE	LAST			ristina Cot		ŁAS	ST.	
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? E WAR OR DATES)	264-98-4]		Sr. Josephine	e-Villa St.		., Emm	itsb	urg
	CERTIFICATION	gove rise to immediate cause (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	VERE FINDIN	NGS USER	
	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 228.1 certify the (this hospi sow the deceased oline and obove (line) (did did no	P. 21e. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC.)	21c. HOW INJURY OCCURR 211. LOCATION STREET 7. 2 19 nd that in (our) opinion of	CITY OR TOW	/N /	COUNTY , and from the	that (w	ATE we) lost
		226. SIGNATURE 226. PHYSICIAN'S NAME (MEO George L. Mor		Morning, M. D.	plo	ATTENDING PHYSICIAN PARESS S. Seton Ave	MEDICAL STAF	IAN 🗌	9 Fe		
I	23a. B	URIAL, CREMATION, REMOVAL Burial	23b. DATE 11 Feb.			emetery or crematory oseph's	Emmitsbur	g, Fréd	 lerick	, MD^	IT E

DHMH-16 60M 1/73 (VR A 15 (4))

24 FUNERAL DIRECTOR
Skiles Funeral Home, Emmitsburg, MD 21727 FEB

St. Joseph's

Emmitsburg, Frederick, MD



G.DOUGLAS STAUFFER, FREDERICK, MD. 21701

FOR - STATE

DHMH - 17

(VR A15 ME (5))

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

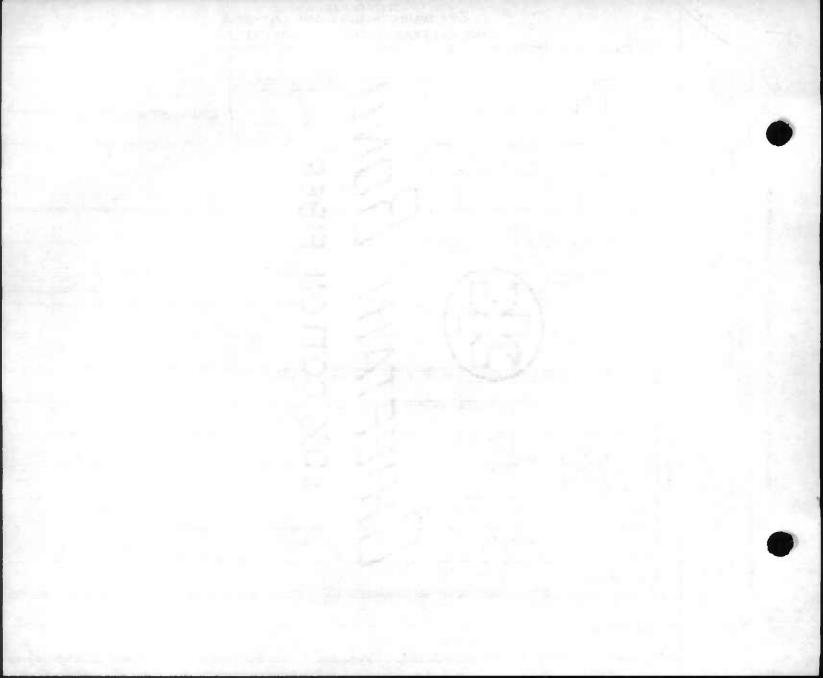
REG NO

2:05

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NEW YORK

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completely filled in by the funer of and 2 should be filed with

ve carbanpapers. Pages

injury, ar other traumatic event,

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

1	•	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		-			
5	0	5	2	7	4

- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG.	NO.		
1 DECEASED NAME FIRST (TYPE OR PRINT) Clyt		a B. WOODFIE		LAST	20. DATE OF DEATH		DAY YEAR 2b HOUR 4:50 PM		
				IELD	Feb. 8	3,1985			
3 SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST I		DER I YEAR	IF UNDER 24 HRS	
Female		White	ite May 27, 1896		88 YRS MONTHS DAYS HOURS			HOURS MIN.	
6. BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? 8				9 RAITIMORE CITY OR COUNTY OF DEATH					
Maryland	Maryland U.S.A. WIDOW		D NEVER MARRIED Frederic			Co., MD.			
OCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME				120 USUAL OCCUPATION 126 KIND OF BUSINESS					
Frederic		Frede		emorial	Hospital	Housewij	OF WORKING LIFE)	NDUSTRY	
USUAL RESIDENCE (F) 13a STATE Maryland	Mr Coul	NTY Somery	13c. CITY OR T	NWO	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 27020 RJ	ldge Rd.	2087	72
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME			
John	Thoma		llineau	1X	Lucy	B. MIDDLE	Brander	burg	T
160 WAS DECEASED EVER IN U.S. AF				17 INFORMANT	ADD	RES 10805 F		tend Rd.	
				J. Willard	Woodfield.			20872	
PART 2 OTHER S	immediate oring the use last.	DUE 10, 0		OUENCE OF	HEALT Y NOT RELATED TO THE TERM	ENGLE CETEBALV AINAL DISEASE OR COI	- 1	PART IIO	SHE
O DATE OF ORE	DATION	8.70	June Constitution	TO T	relie				
NO DATE OF OPE	196. CONDITION FOR WHICH OPERATIO		N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO			OF DEATH?		
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IURY IN ITEM 18 PART I	OR PART 2)	
NO DINNER D	WHILE WORK		REET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
27s I certify that sow the so- above, if Iwa 72b SIGNATURE		tal) attended th		9 57 ar	d that in (my) (aur) apınian	death occurred on the	date and hour and	I from the c	
Junala . 1.			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			22c. DATE SIGNED Feb. 9, 1985			
22d PHYSICIAN'S Arthu	1/	analo, M	I.D.		Green Vall		via, Md.		
230. BURIAL, CREMATIC (SPECIFY) Buria	N, REMOVAL	23b. DATE Feb. 11			EMETERY OR CREMATORY 18 Meth.	Damascus	, Montgo	mery,	Md.

etained by the haspital ar

BP.

24 FUNERAL DIRECTOR
Olin L. Molesworth, P.A., Damascus, Md.

Like Davidson-Randalle

DHMH - 16 50M 1/81 (VRA 15, 4)

Siyan u. Markaran - Markaran ... su . Francis sales as 27, 1130 c and x x x x makyzes oftware fatteent famous character kalaster other thores leading our land antra . The toward door TR-Ac-INS 4. Miles of book all , then and a spirit allows

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